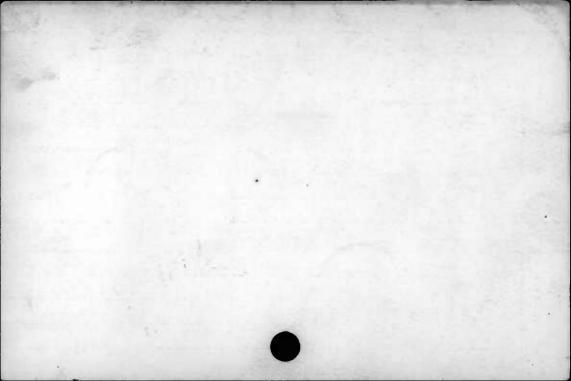
Mame Full CERTIFICATE OF DEATH MARYLAND Months Days Date of death 190 FRIEN ANSWERED Race Married, Single or Widowed REST Name of Wife or Husband NEA 日日 Father's Father's Name Mother's Name of person givin How related to deceased In formation CAUSES OF DEATH Primary ORONER HYSICIAN Are the name, age, sex, color, date and place correctly given above? Accident or Suicide?

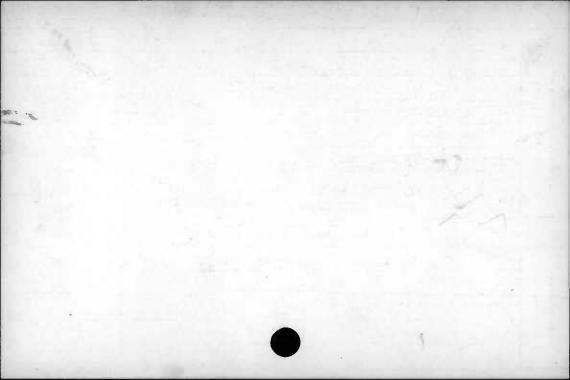


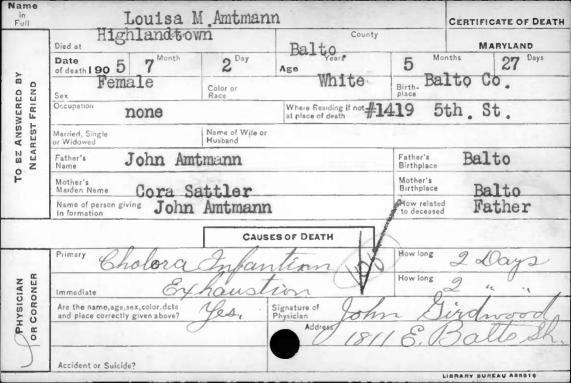
in Full	Michael	add	rues		CERTIFICA	TE OF DEATH
	Town Died at		Balo	· Co.	Mar	YLAND
END	Date of death 1905 July	2 9 Z	Age 70	Mo	nths	Days
	Sex Male	Color or CC	Pute	Birth- place	Geru	cauy
ANSWERED REST FRIEN	Occupation Brick W	ranf.	Where Residing if not at place of death	17d 4	ODon	nellex
	Married, Single Married or Widowed	Name Wile or Husband	Marga	ul l	Rdas	us
TO BE	Father's Michael	ada	ius	Father's Birthplace	Gen	many
F	Mother's 9 Maiden Name			Mother's Birthplace	Dan	many
	Name of person giving Chi	ristopher	adams	How related to deceased		
		CAUSES	OF DEATH	7		
	Primary	wife	egia	How long	3 2	nos.
PHYSICIAN R CORONER	Immediate OEC	Leave	of Lung	How long	20	days
	Are the name, age, sex, color, date and place correctly given above?	Si	gn dure of lysician	m.f. 7	mea	voy mr.
Q a			Address	0839	8.6	autorde
)	Accident or Suicide?					
10.7					ABRARY BUREA	U A83518

- -

Sacred Heart Com

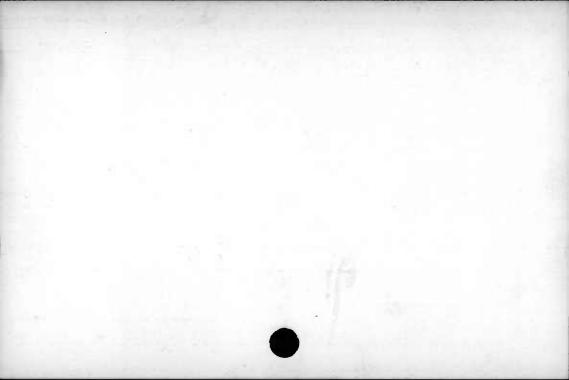
Name Filliam alter in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date Age of death 190 Color or Birth-ANSWERED FRIEN place Sex Race Occupation Where Residing if not at place of death REST Married, Single Name of Wite or Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long Jastro enterit E How long PHYSICIAN ORON **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addiess Œ Accident or Suicide?





J.Herwig & Son
Holy Redeemer Cem.
7/4/05

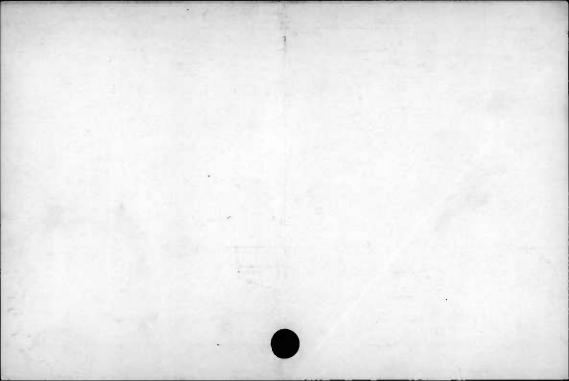
in Full	a David an	luy-	CERTIFIC	ATE OF DEATH			
ED BY	Died at OV My Clown	Balso.	MA	RYLAND			
	Date of death 190 3 mly Day	Age, Years	Months	Days			
	Sex Male Color of A	hill	Birth- place	relow)			
NSWERED	Occupation	Where Residing if not at place of death					
TO BE ANSV	Married, Single or Wildowed Name of Wile of Husband	or	~				
	Father's Name Davidhun	beller	Father's Birthplace Canaly	Genlan			
	Mother's Maiden Name alsa May	aughren ?	Mother's Birthplace	Es?			
	Name of person giving fand Th	V. andrew	How related to deceased to a	chir			
	CAUSES OF DEATH						
	Primary	(XS1)	How long				
SICIAN	Immediate runature	brick	How long				
PHYSICIAN OR CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	1. Thu	ua)			
	Copied finedales	Address 80 G	Errone 1	luca			
)	Accident or Suicide?						
		****	LIBRARY BURI	SAU ABSSIG			



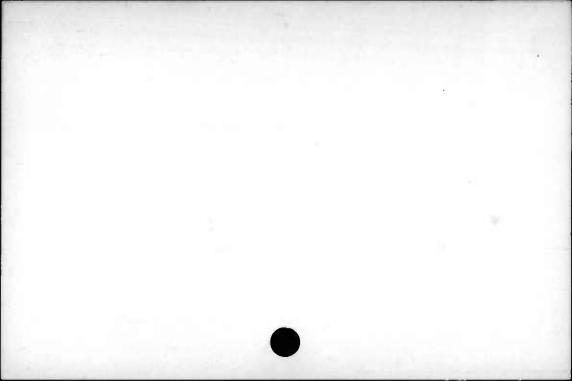
Name	Fe Thomas a					
Full	Firm = norras	County	CERTI	ICATE OF DEATH		
>	Died at Canton Cos		MARYLAND			
	Date of death 190 Month 2 Day	Age 45	Months	Days 15		
ED BY	Sex Color or Race	white.	Birth- place Bal	to, mel		
ANSWERED REST FRIEN	Occupation Can capter Where Residing if not at place of death					
ANS	Married, Single Name of Wile of Husband	Bertha B	ether an	drems		
BE	Father's John B,	Father's Birthplace	(2)			
op 2	Mother's Maiden Name Elyphath &	Mother's Birthplace	many			
	Name of person giving how the bound to decease to decease			mje!		
CAUSES OF DEATH						
	Primary Chienie ale	e e ·	Howlong	· Rr		
PHYSICIAN R CORONER	Immediate and the fless	# 104	How long / C	pro		
	Are the name, age, sex, color. date and place correctly given above?	Signature of Physician	My.	-24		
0 0 0	a d	Address	Contra	6		
3	Accident or Suicide?	8 22				
			LIBRARY S	JEEAU ASSSIG		

It Pauls lemetery H. Jander Jons

Name Full CERTIFICATE OF DEATH MARYLAND Months Days of death 1905 July Color or ANSWERED FRIEN Where Residing if not at place of death REST Married, Single Name of Wile or Husband or Widowed BE Father's Marylar Birthplace Marylar Father's Archer Myers Mother's Birthplace Name of person giving How related Zuncle In formation CAUSES OF DEATH Primary How long EB How long PHYSICIAN Z 0 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? BISSEA UABBUR YRASSIS



Name in Full	Baldwin William B	CERTIFICATE OF DEATH				
ED BY	Died at Seutonsville Bully.		MARYLAND			
	Date of death 1905 tuly 22 Age (Year M	onths Days			
	Sex Male Color or white	Birth- place	inguia.			
ANSWERED	Occupation Where Res	siding if not K				
	Married, Single Admed Name of Wile or K					
TO BE	Father's Name	Father's Birthplace				
	Mother's Maiden Name	Mother's Birthplace				
	Name of person giving // Imformation		How related to deceased			
CAUSES OF DEATH						
	Primary Taranoca	How long	5 yo.			
PHYSICIAN R CORONER	Immediate Pulmonary aledema	How long	ahnio.			
	Are the name,age,sex,color,date and place correctly given above? Signature of Physician	Herry	lade			
P OR	Address	lealens	volle Ind.			
9	Accident or Suicide?					
-			LIDDARY BUDGAU ARRESTS			



Name Christina Barthol in Full CERTIFICATE OF DEATH County Died at MARYLAND Month Years Months Days Date of death 190 Age 0 Color or Birth-ANSWERED FRIEN Sex place Race Occupation Where Residing if not at place of death REST Married, Single Name of Wile of Husband or Widowed NEAF 田田 Eather's Father's Name Birthplace 0 Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long ONER How long PHYSICIAN Immediate COR Are the name, age sex color. date Signature of and place correctly given above? Physician Addresa Œ 0 Accident or Suicide? LIBRARY BUREAU ABSSIB

Mamie C Soffer

Name in Full CERTIFICATE OF DEATH Orenger Died at MARYLAND Month Years Months Day Days Date of death 190.5 Age 0 Color or Birth-ANSWERED REST FRIEN place Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wite or Husband or Widowed BE Father's Father's Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long PHYSICIAN ORON 1mmediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide?

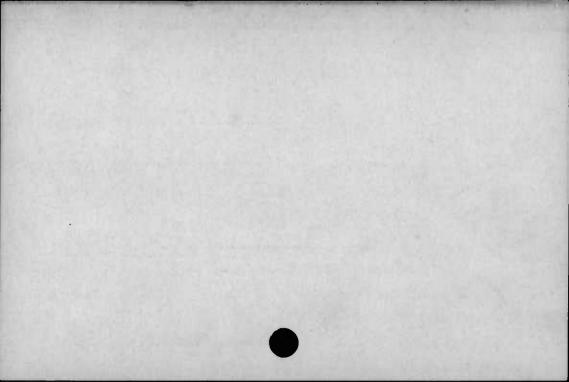
Mernig Hon Oak Lawn beim, 7/10/05

Name	0 1 2		
in Full	august Bayer		CERTIFICATE OF DEATH
	Died at Hoigh lan lown	Baltimore	MARYLAND
	Date of death 1905 Buly Day SC A		Months Days
ED BY	sex hate Color or Qu	hile Birth-	Md
ANSWERED REST FRIEN		Where Residing if not it place of death	
	Married, Single Single Name of Wile or Husband		11
면 된 보	Father's Gregor Baye	Father's Birthplac	Germany
٠ 1	Mother's Maiden Name Salvina Mein	del Mother's Birthplace	
	Name of person giving Grugor 18	How rela	
	CAUSES	DE DEATH	
	Primary Cholero Dufor	tun How long	1 WK
PHYSICIAN OR CORONER	Immediate & Parado	How long	, wy
		ature of J.a. 4	lauts
	0	Address 41 &	asten live.
	Accident or Suicide?		LIBRARY BUREAU A00516

Sacred Heart Gemelery July 3 ml 1905 Germanus Trance Underlaker

Name in Full	Frederick	Bens	hoff.		CERTIFIC	ATE OF DEATH
D BY	Died at Cards	Canton, Ballins		+	MARYLAND	
	Date Month of death 1906	Day 8	Age 85	Me	7	2 Days
	sex Male	Color or A	hite	Birth- place	Gern	neny
ANSWERED REST FRIEN	Occupation Mune		Where Residing if not at place of death			
	Married, Single Ardinus	Name of Wile or 'Husband	Firederick	le lo	Benk	off
TO BE				Father's Birthplace		
F	Mother's Malden Name Mother's					
	Name of person giving Sevi	ge Fi. V	Benhalf In	How related		v
CAUSES OF DEATH						
14	Primary Chaler	a Man	bues (3)	How long	300	
PHYSICIAN OR CORONER	Immediate Sala	auste	in /	How long	1/1	V
	Are the name,age,sex,color.date and place correctly given above?	jes	Signature of Physician	N.18	They	1
		0	Address _		P	
J	Accident or Suicide?					
					LIBRARY BURE	DICESA CA

dr athey Mount Garmel H. Lander Lons Name in Full CERTIFICATE OF DEATH County MARYLAND Months Days Date of death 1906 Age 0 Birth-Color or FRIENG ANSWERED place Sex Race Occupation Where Residing if not at place of death REST Name of Wide or Married, Single Husband or Widowed NEAF Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased Primary acute Meum gel CAUSES OF DEATH How long CORONER How long PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address D'B Accident or Suicide? LIUSABY MUE

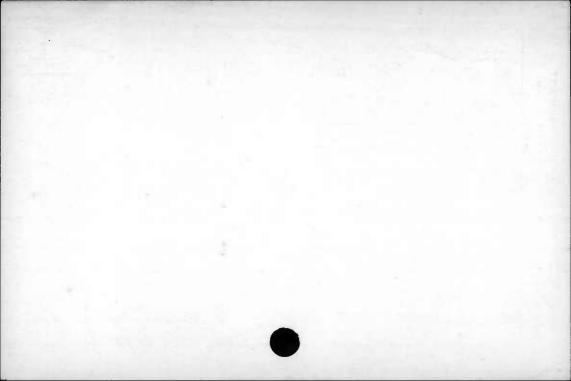


Name in Full	Brard Bolkhart	CERTIFICATE OF DEATH
	Died at Highlandtam Balti	MARYLAND
	Date of death 190 5 Age Years M	onths Days
END BY	Sex Male Color or White Birth-	Balto Go.
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death 3/3	mbard St. Eg
	Married, Single Name of Whe or Husband	
TO BE	Father's Name Lehas. F. Bolkhart Birthplace	Termony
F	Mother's Maiden Name Elisabeth Minich Birthplace	Balto,
	Name of person giving S How relate to decease	
	CAUSES OF DEATH	
	Primary Consulsions Howlong	12 hours
PHYSICIAN R CORONER	Immediate Convulsions Howlong	12 hours
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician A. G.	Glant
0 0	Address 41 Eastern	n ave 8
9	Accident or Suicide?	
		SIDEEA DARANG VRARREIL

Herving Hon Louden Park Semilory Name in CERTIFICATE OF DEATH Full Town MARYLAND Died at Month Months Date Age of death 1905 BY 0 Color or Birth-ANSWERED FRIEN place Race Occupation Where Residing if not JUL at place of death REST Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary Elgeral & How.long Debelity or ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUREAU ASSBIG

Jour Burne Sous Frospect Hill Em. Jouron

Name Full MARYLAND Months Date of death 1903 Age 0 Birth-Color or Race REST FRIEN ANSWERED place Sex Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband TO BE NEA Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATE Primary How long E How long PHYSICIAN NO Immediate OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address œ Accident or Suicide? LIBRARY BUREAU ASSSIS

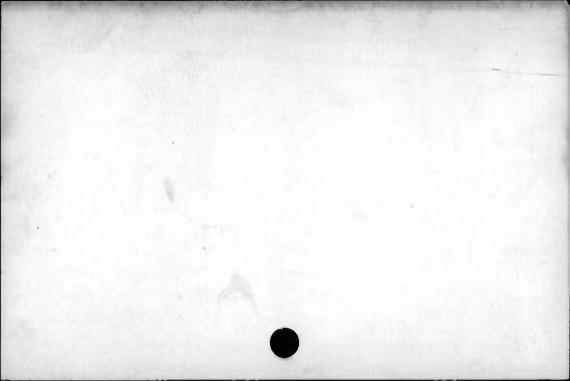


Name ennie & Bowen in CERTIFICATE OF DEATH Fall MARYLAND Months Days Date Age of death 190 & Birth-Bolto Con Color or Race ANSWERED FRIEN Occupation Married, Single or Widowed REST Name of Wife on Husband 日日 Father's Father's Birthplace 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary NER How long PHYSICIAN **Immediate** 0 OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Ö Address OR Accident or Suicide?

Name in CERTIFICATE OF DEATH Full. MARYLAND Months Days Date Age of death 190 Birth-place ANSWERED Where Residing if not at place of death Married, Single Name or Wile or Husband or Widowad TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Pilmary How long EH How long PHYSICIAN RONE Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR Accident or Suicide? // 41/1/2 LIBRARY BUREAU Addos 6

Intermed of Leyers Cenetry mide 11 " W. C. Procks Oleme rehm permit

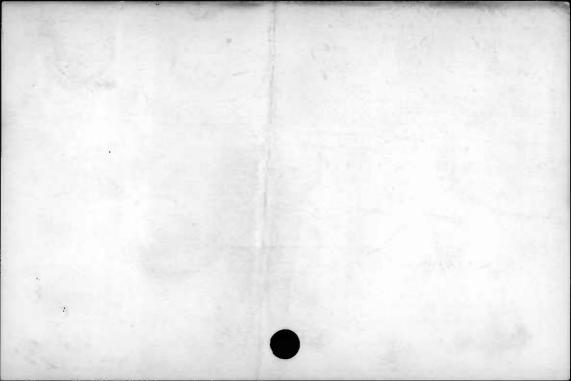
Name in CERTIFICATE OF DEATH Full Died at MARYLAND Months Days Date Age of death 190 5 a Birth-Color or FRIEN male place ANSWERED Sex Race Occupation Married, Single or Widowed REST Name of Wife or Husband TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving Dennie Brooks to deceased In formation CAUSES OF DEATH How long Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address 0 Assident or Suicide? LIBRARY BUREAU ASSOIS



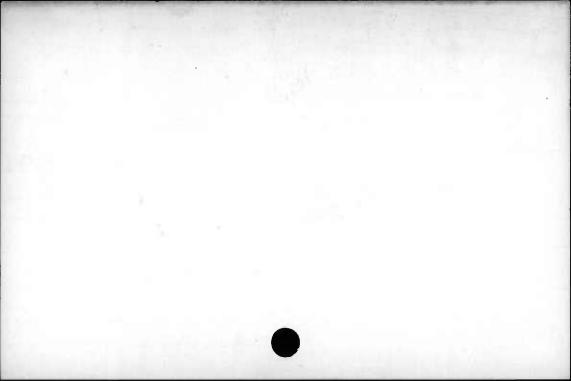
Name in CERTIFICATE OF DEATH Full Town County MARYLAND Died at Years Months Days Date Age of death 190 . D Birth-Color or ANSWERED REST FRIEN place Sex Race Occupation Where Residing If not at place of death Married, Single Name of Wile or or Widowed Husband NEAF BE Father's Father's Birthplace Name OL Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long Buryes CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide?

Hande Nons Mrt. Comme Con

in Full	Sarale Com Brown	CERTIFIC	CATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Unrithment Pully Rules	M	MARYLAND				
	Date of death 190 5 Menth 29 Age Years	Months	Days				
		Birth- Harthu	ythe Valley				
	Occupation Where Residing if not at place of death		-				
	Married, Single Suidel Name of Wile or Husband						
		ather's Birthplace	(
		Mother's Birthplace					
		How related Fun	their				
CAUSES OF DEATH							
	Primary Surperfect Jaloss of heart	tow long / d	ey				
PHYSICIAN R CORONER	Immediate	low long	d				
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician	inos and	e				
Q B	Address 96	yndu	L				
>	Medidant or Suicide?	ma					
10000		LIBRARY MUR	EAU ASSSIG				



Name In Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date Age of death 190 Color or Birth> ANSWERED FRIEN Sex place Occupation Where Residing if not at place of death REST Married Same Name of Wite or Husband r Widowed NEA 回 Father's Father's Name Birthplace To Mother's Mother's Burthplace Maiden Name How related Name of person giving Imformation to deceased CAUSES OF DEATH Primary How long ORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Œ 0 Accident or Suicide?



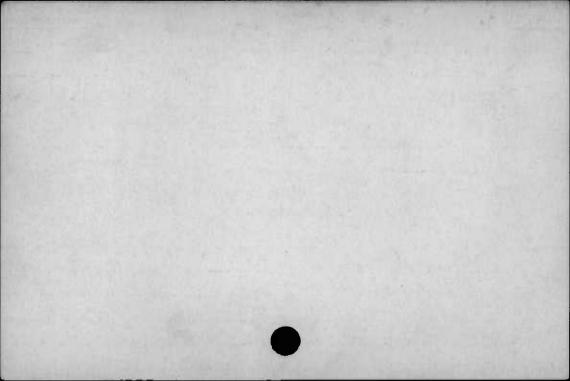
Mame in Full CERTIFICATE OF DEATH MARYLAND Months Date Age Birth-FRIEN ANSWERED place Married, Single or Widowed Name of Wife or Husband BE Father's Birthplace 10 Mother's Laurada Name of person giving 71 By Bryan In formation CAUSES OF DEATH How long EB PHYSICIAN NO **Immediate** 80 Are the name, age, sex, color, date Signature of 0 and place correctly given above? Accident or Suicide? LIBRARY BUREAU ASSSIG

Interment at Presbeternan Ceruele govanstorm Win Cook

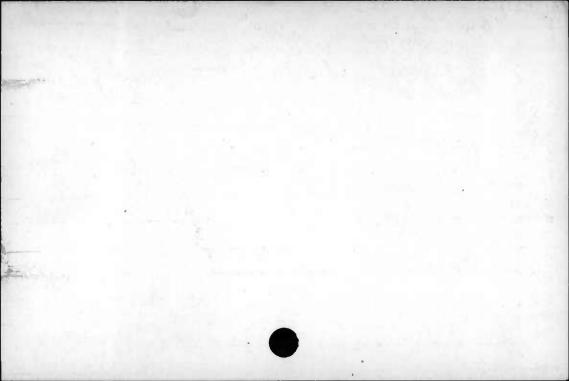
Name in CERTIFICATE OF DEATH Full County MARYLAND Died at Months Days Date Age of death 1 90% 0 Birth-Color or FRIEN ANSWERED place Race Sex Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowald 33 Father's Father's Birthplace Name OL Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSSIS

John Burns Sous Rospect Hillern

Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Day Days Date of death 190,5 0 Birth- Balto. Color or FRIEN ANSWERED Race Оссирации Where Residing if not at place of death REST Married, Single Name or Wite or Husband or Widowed Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long CORONER Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? BIBURA UKABUR YARASIL



Name in Arma Full CERTIFICATE OF DEATH Died at MASTOPleks breuch MARYLAND Date Months Davs of death 1905 Hukewan Dukward Color or While Birth- Irland -ANSWERED 1, sur ale Occupation Where Residing if not wice at place of death Married, Single Married Name of Wite or muk wow. Husband 14 Father's linknow Father's Name OL Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving Recdo luk Hope How related In formation to deceased CAUSES OF DEATH ·Primary Wich and Olia ONER PHYSICIAN Ursura CORC Are the name, age, sex, color. date Signature of and place correctly given above? Œ -Co Ina -Accident or Suicide?



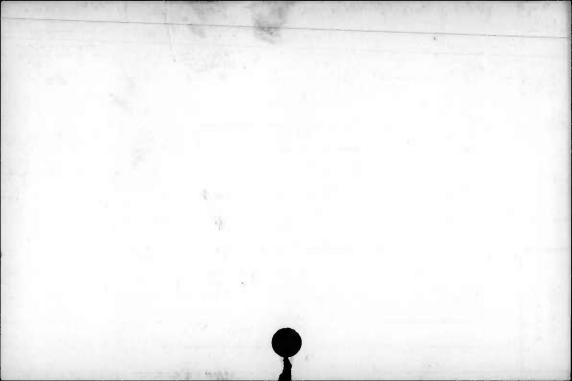
Name in Full CERTIFICATE OF DEATH Died a MARYLAND Months Date Age of death ! Color or Birth-FRIEN ANSWERED Race Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed TO BE Birthplac Name Mother's Moth Birthplace Name of person giving How related to deceased in formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of. and place correctly given above? Physician Addres œ 0 Accident or Suicide? LIBRARY BUREAU ABGO

Holy Oak Com. Hurry E. Hugher

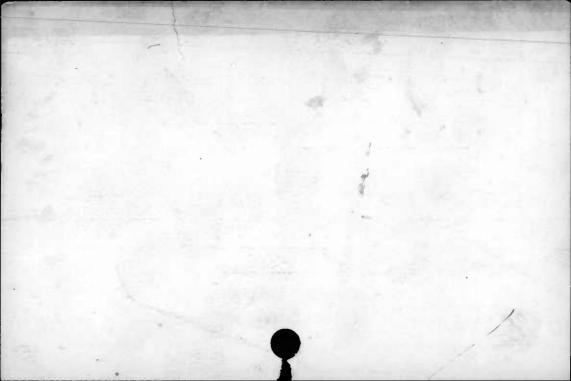
Name in CERTIFICATE OF DEATH Full MARYLAND Died at Days Months Date Age of death 190 Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death REST Name of Wife or Magried, Singla Husband or Walnived Hather's Birthplace Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH RONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIDRARY SUREAU ASSSIS

The deceased had had diphthe-Tria be tween 2 and 3 week be fore July 4th and had encovered from il; but was lift with a week heart Eg. Dyme

Name in Full Died at MARYLAND Months Date of death 190 5 Color or Birth-ANSWERED Sex place Occupation Where Residing if not at place of death Name of Wile or Married, Single or Widowed 되 Father's Name Birthplace Mother's Maiden Name Birthplace Name of person giving How related to deceased Imformation CAUSES OF DEATH Primary How long ONER How long PHYSICIAN Immediate CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Accident or Suicide? LIBRARY BUREAU ASSIS



Name							
Full	Unfant				CERTIFICATE OF DEATH		
	Died at Loreley		Bal times		MARYLAND		
D BY	Date of death 190	Day 19	Age	2 - Mo	nths Days		
	Sex Male	Colorer Col	lined	Birth- Le	reley		
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death				
ANS	Married Single or Widowed						
TO BE	Father's Harry Clark Birthplace			Father's Birthplace	Harford Co		
1	Mother's Maiden Name annie		Mother's Birthplace				
				How related to deceased			
CAUSES OF DEATH							
	Primary Durantar	4		Howlong	1 mich		
RONER	Immediate			How long			
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	400	Signature of Ham	y Schu	3		
OR O			Addressund	der take	× .		
	Accident or Suicide?		upper	Falls in	ul,		
4					LIBRARY BUREAU ASSIG		



Name in CERTIFICATE OF DEATH Full ens MARYLAND Months Date of death 190 5 Age Color or Birth-ANSWERED FRIEN Sex Race place Occupation Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed NEAF 1:1 (0) Father's Father's Name Birthplace To Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH w long Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address C Accident or Suicide? LIBRARY BUREAU

Genetary Cockeysnice M. 6 Brooks

Name in Full	Seo. A. Clay	CERTIFICATE OF DEATH					
ANSWERED BY	Died at Orangeville Balte	MARYLAND					
		onths Days					
	Sex Male Color or White Birth-place	Balte.					
	Occupation Dairyman Where Residing if not // the med at place of death	u Londard 1					
ANS	Married, Single M. Name of Wile or Marguerila	Clay					
TO BE	Father's Name Father's Birthplace	0					
ř	Mother's Maiden Name Mother's						
	Name of person giving Marquetria blay to decease						
CAUSES OF DEATH							
	Primary Caucas of Stomach Dowlong	22 yr.					
PHYSICIAN R CORONER	Immediate Exclusive on Howlong	2 weeks					
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician	Paruelle					
0 0	Address 2279 % /	Baeta St.					
7	Accident or Suicide?						
		BIGGGA UASSUB YRASBIL					

Hernia Hon Pak Lawn beem

Name						110,000		
Full	Clina Clarkton					CERTIFICA	TE OF DEATH	
	Town County							
	Died at Cocustos			Buler		to 1	MARYLAND	
	Date	Month	Day	. Year			nths	Days
D BE ANSWERED BY	of death 190 3-	July	6	Age /	9			
	Sex Ze	mali	Color or (C	al)		Birth- place	ud.	n
	Occupation U	enlu	0/5	Where Residing at place of deat		Poroc	ım	12
	Married, Single Name of Wife or Husband							
	Father's Rame Gayton				Father's Birthplace			
of T	Mother's Maiden Name Logha Clayton			(A)	Mother's Birthplace Idd,			
				How related to deceased		ad :		
CAUSES OF DEATH								
	Primary &	eneral	Lube	rculo	ris	How long	2 /c	ub.
PHYSICIAN R CORONER	Immediate (Pardiac	- att	ereca		How long	1 top	uzo
	Are the name,age, and place correctl		0/	Signature of Physician	150	JRC,	. See	un (41)
0 80				Address	tope	ven	124	7
4							My,	
	Accident or Suicio	le?						
							IBRARY BUREA	U ABSDIS

Robt A. Ellestt Laurel leeweling Bulhimm ColyName in Muno Full Died at Cachepvilla Balle MARYLAND 90 of death 1905 July Sex Figurali M ar place of death Housenfr Married, Single widow Name of More Zelin Atronian Claimpes 1 Father's Heinnich Schmudts tvakarown Varkrum and news Birthplace Name of person giving Soughter Mm Junes Guran Guranto deceased Saughtie CAUSES OF DEATH Primary for our year artinos Solisosis ER SICIAN Immediate Servila Gauge and -4 rounks. 20 Are the name, age, sex, color. date Signature of Physician Dr Bris Benson and place correctly given above? Cachapville 221d LIBRARY BURLAJ ASSESS

To be lunen at bothland Cemetery July 23 W. G Brocks Oleme setum the howble Olemit. Please return on 6 Oclack mail

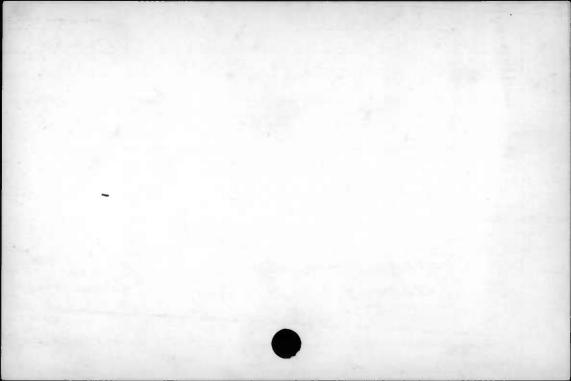
Name	7. 11.						
in Full	Mary Collins			CATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	l Town	8.4					
	Died at your slown Balto		141	ARYLAND			
	Date of death 190 5	Age Years 70	Months	Days			
	Sex Ferrule Color or Race	vlite	Birth- place mary lo	ml			
	Married, Single or Widowed	Occupation	sewife				
	Name of Wife or George W Collins						
	Father's James Colli	Father's Birthplace					
F	Mother's Maiden Name Catherine	Mother's Birthplace					
	Name of person giving Information	How related to deceased to deceased to deceased.					
CAUSES OF DEATH							
	Primary apoplexy	(KUC)	How long 18 0	lago.			
PHYSICIAN R CORONER	Immediate Paralysis	·	How long 10 d	ays.			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Ho-O	Hoesike	2			
P. B.		Address H	Govans 1	Balto feed			
	Accident or Suicide?			REAU ABBS18			

Burial of Input Caucel Cernetary, July Ex William Cooff 50 v E. Worth ally

Name	0000	/
in Full	John orth Concann	CERTIFICATE OF DEATH
C	Died at Yown 32	County MARYLAND
ANSWERED BY	Date of death 190 5 Month Pay Age 69	Months Days 23
	Sex Zu Color or White	Birth-place Irland
	Occupation Planter Where Residi	ath Cumbriland Hel
	Married, Single Widowd Name of Wile or Husband	
N EA	Father's Name	Father's Birthplace
10	Mother's Maiden Name	Mother's Birthplace
	Name of person giving of Susah	How related to deceased
	CAUSES OF DEATH	
	Primary Lewis le gia	How long any 1903
PHYSICIAN OR CORONER	Immediate Pulmonary Ordema	How long few hours
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician	0
	Sheppind Thurk Pout Addess	of Town
	Accident or Suicide?	Kld
		LIBRARY BUREAU ASSOS

7. H. Jenhans Smo G Cumberland clea

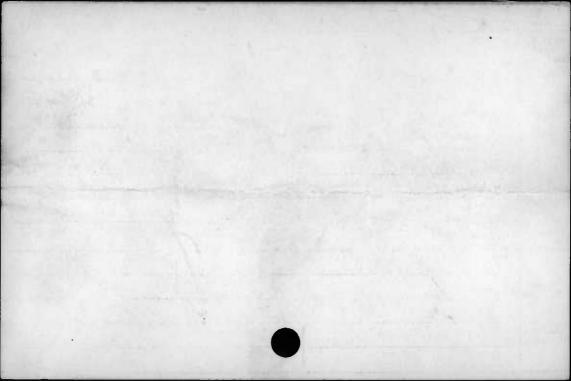
Name	Holas bl.	Co - 11-	2-2-1-1	ATE OF BEATH
Full	Died at Sterrisone	Balto.		RYLAND
	Date of death 190 Really 30	h Age. 65	Months	Days
ED BY	Sex Male Color or Race	White	Birth- Marey	Card
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death		
ANSWERED REST FRIEN	Married, Single Married Name of Wile of Husband	or Rughard Cl.	arte	
BE	Father's Dr. S. John Cook	Father's Birthplace Proceedings Control Control		
0 1	Mother's Maiden Name Blasena du	Mother's Birthplace put beauch		
	Name of person giving In the Con-	How related to deceased	alter	
	CAU	ISES OF DEATH	Ü	1
	Primary Drakelin	(0)	Howlong 3 -4	1 you.
CIAN	Immediate Sy hour !	ios	How long Serson	e mig
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Comis St	Toylor
PHO		Address	estes in	ce
7	Accident or Suicide?			m.
Light Colonia	A 1000 000 000 000 000 000 000		PROPERT AND PROPERTY	AU A08516



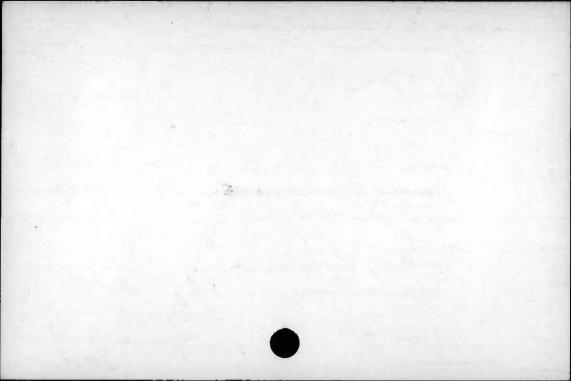
Name in Full	John S. Cosq	rove	CERTIFIC	ATE OF DEATH
D BY	Died at Highlan dtown	Ballo	MA	RYLAND
	Date of death 190 5 Age	Years	Months	Days 21
	Sex Male Color or Race	hite	Birth- Bal	to.60.
ANSWERED REST FRIEN		re Residing if not ace of death 4	49 you	gh SX
	Married, Single Name of Wile or Husband	-		
TO BE	Father's Mm Cosque	re	Father's Birthplace	alto.
ř	Mother's Marden Name Mary 8ch	meiser	Mother's Birthplace	· de
	Name of person giving was bore	grove	How related to deceased	ather
	CAUSES OF	DEATH		
	Primary Cholera Lusaus	und t	How long me	weeks
CIAN	Immediate aschema	(QP)	How long three	days
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	n /	L. Burke	. M. D.
POR		Address 22	2 Odlon	nell St
	Accident or Suicide?			
			LIBRARY BUR	EAU A88816

J. Hernig & Son MA Carmel 7/8/05

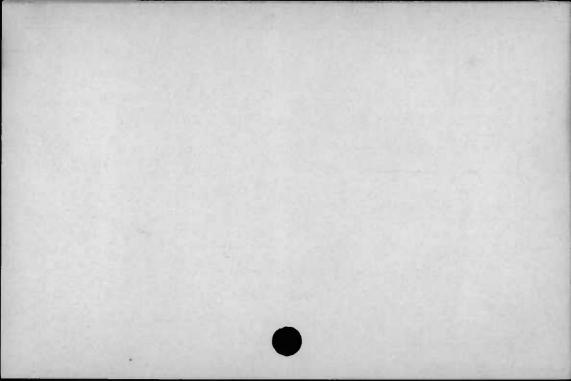
Name				
in Full	Mary Cerour		CERTIFICAT	TE OF DEATH
	Died at Wioletenele Ball			YLAND
BY	Date of death 190 July Age O	Mont	hs	Days 23
	Sex Freunale Roce White	Birth- Ve	olet.	will
ANSWERED REST FRIEN	Married, Single or Widowed Sungh Occupation	me		
	Name of Wife or Husband Crowns			
TO BE		Father's Birthplace	Ba	et
F		Mother's Birthplace	Bac	8 C
	Name of person giving frederich Crawe	How related to deceased	frat	hun
	CAUSES OF DEATH			
	Primary Proceeding to	How fong		
CIAN	Immediate General asthouse	How long	lip.	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Signature of Physician N. (W &	lave	34 4
9 8	Address 12 9 G	E.	den	fa.
	Accident or Suicide?	1199		



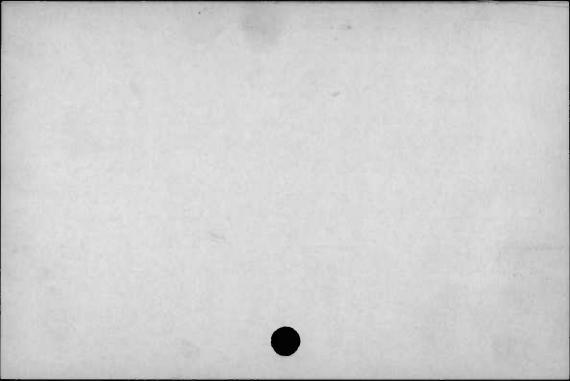
Name in CERTIFICATE OF DEATH Full MARYLAND - Months Month Days Date Age of death 190. 0 Color or Birth-ANSWERED REST FRIEN place Sex Occupation Where Residing if not at place of death Maried, Single Name of Wite or Husband TO BE Father's Father's Birthplace Name Mother's Mothers Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician O'H Address. Accident or Suicide? LIBRARY BUREAU ASSSIE



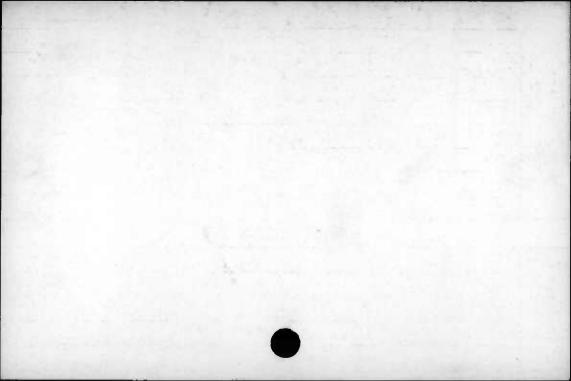
Name in CERTIFICATE OF DEATH Full County Town MARYLAND Died at Months Days Date of death 190. FRIEND Birth-Color or ANSWERED place Race Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed Father's Father's Name Mother's Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR Accident of Suicides



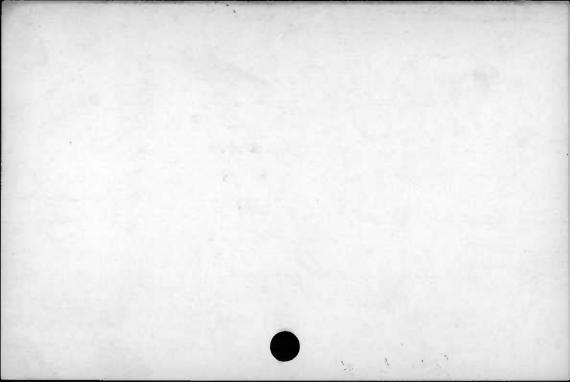
Name	0 0		
in Full	marie O Curran	CERTIFICATE	OF DEATH
	Died at Plliant County Baltimore	MARYLA	ND
	Date of death 1903' Chille 98. Age >	Months	Days
ED BY	Sex Femals C Color or White Birth-place	marylan	d
TO BE ANSWERED NEAREST FRIEN	House Keeper Where Residing if not at place of death	reold leu	X.
	Married, Single Widould Name of Wile or matthew lew	Nan.	
	Father's Father Birth	er's place	_
	Mother's Moth	er's oplace	
		related Sum	
	CAUSES OF DEATH		
	Primary Posesis How	long 8 zms	
RONER	Immediate Exacustion How	long /	
PHYSICIAN R CORONEI	Are the name, age, sex, color. date and place correctly given above? 4 90 Signature of Physician	myso 8	mrs.
POR	Address Ellico	to leels	_
)	Accident or Suicide?	/	
		LIBRARY MUREAU AS	8510



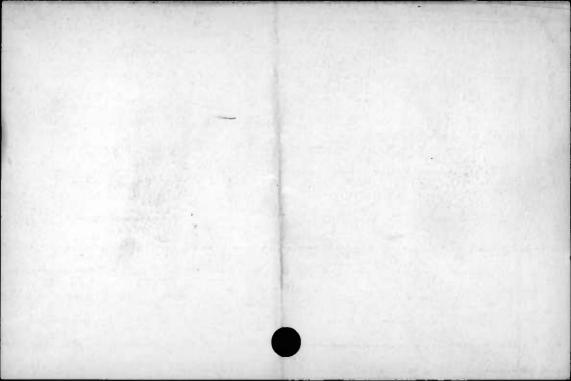
Name in CERTIFICATE OF DEATH Full Town MARYLAND Month Months Days Date Age of death 190. ANSWERED BY Birth-Color of REST FRIEN place Occupation Where Residing if not at place of death Name of Wile or Married, Single or Wicowed Husband TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long ER How long PHYSICIAN ORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address C ō Accident or Suicide? LIBRARY BUREAU ASSESS



Mamo in CERTIFICATE OF DEATH Full County Died at alan. MARYLAND Months Days Date of death 190 4-0 Color or Birth-ANSWERED REST FRIEN place Occupation Married, Single or Widowed Name of Wife or 5 Husband NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN 1mmediate Are the name, age, sex, color, date Signature of and place correctly given above? Address . m Accident or Suicide?



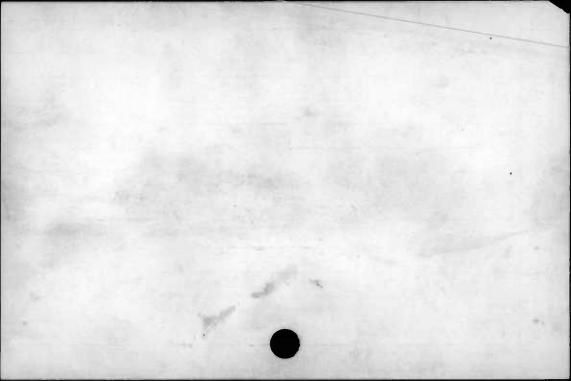
Name	B 1- 10	eal	Cholone 7/30	Aliv		
Full		ear		7//	CERTIFICA	TE OF DEATH
ANSWERED BY REST FRIEND	Died at Wenth ord-		Balla		MARYLAND	
	Date of death 190 5	Day 30	Age 23	M	onths	Days
	Sex Temale	Color or (Roloved	Birth- place	md.	
	Married, Single Marri	id	Occupation 2	nen	ifi	
ANS	Name of Wife or Mall	, 20 ea	1		/	
NEA	Father's Name			Father's Birthplace		
0 -	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving William a. Mich			to deceased Non s		
		CAUSI	S OF DEATH			
	Primary Blows	on It	ad	How long		
ORONER	Immediate Bonnerle	on of le	tu Brain	How long		_
PHYSICIAN OR CORONE	Are the name, age, sex, color, date and place correctly given above?	(/	sighting of with U). Mil	ler 6	roner
	11.	Yes.	Adison W	mari	3	
1	Accident of Suscident Cardal	aus.	Ball	low	uj 91	10
1					LIDRARY BUREA	U ARREIG



in Full	6 months pregnan	eg	Dehms (h.	24)	CERTIFICAT	e OF DEATH
	Died at Morrell Park		Balty County		MARY	LAND
ED BY	Date Month of death 190 5	Day	Age & hours	Mo	nths	Days
	Sex Mali	Color or N	Vhitz	Birth- M	mill	Ports.
ANSWERED REST FRIEN	Married, Single or Widowed		Occupation			
	Name of Wife or Husband					
TO BE	Father's Confe	beh	ms	Father's Birthplace	Bolte	more
	Mother's Maiden Name Offa Walker & Birthplace Bostons				more	
	Name of person giving In formation	ns De	hous by	How related to deceased	Frathe	in
		CAU	SES OF DEATH			
	Primary Primary	m C	· mo	How long		
NER	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?	20	Signature of Physician 7,34	tall		
P. O.			Address	more	ins	
9	Accident or Suicide?					
					LIBRARY BUREAU	J A88016

well 1

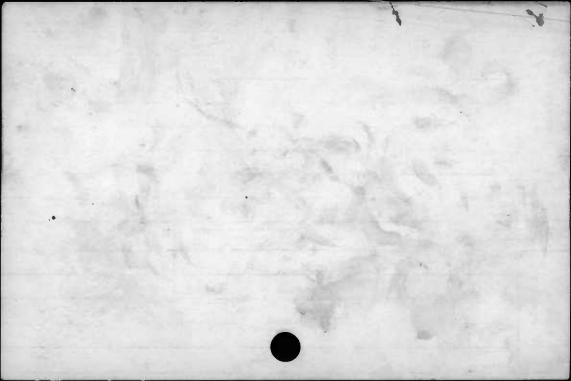
me in CERTIFICATE OF DEATH Full County_ MARYLAND Ded a Month Day Months Date Age of death 190.5 Birth-Color or ANSWERED NEAREST FRIEN place Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wile or Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH extro enteri How long Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OC 0 Accident or Suicide? LIBRARY BUREAU ASSSIS



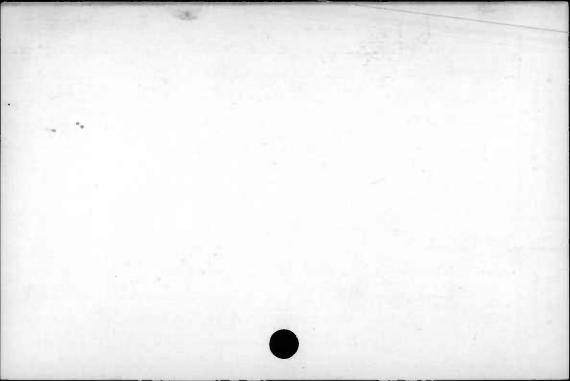
Name in Full	anton Dorn			20	CERTIFICA	TE OF DEATH
ID BY	Died at Canton Town		Baltimore		MARYLAND	
	Date of death 1905 July	28 L	Age 58	2_ Ma	onths	Days
	sex male	Color or Race	White	Birth-	alto. Co	and.
ANSWERED REST FRIEN	Occupation Labour		Where Residing if not at place of death			
TO BE ANSV	Married, Single Married or Widowed	Name of Wife or Husband	Clizabeth	Tele	Imas	
	Father's Solm L	Jam		Father's Birthplace	Germa	my
	Mother's Maiden Name don l-	know		Mother's Birthplace	Gem	Long
	Name of person giving bless	abels of	Dom &	How related to deceased		ft.
		CAUSE	S OF DEATH			
	Primary 1/2 and Jail	ure)	(Const	How long		3
PHYSICIAN OR CORONER	Immediate (1 4			How long		
	Ara the name, age, sex, color, date and placa correctly given above?		Signature of Physician Coroll	IAm "	2 Mln	elly
			Address 216 0	1000	mell	es
7	Accident or Suicide?					
					LIBRARY BUREA	U A98816

Darred Heart Cemetery July 318h-1905 Germanus Trance Un der laker

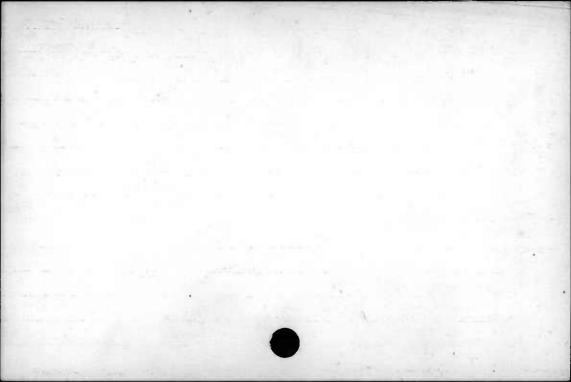
Name						
Full	Harrist Cem Docum					E OF DEATH
48-	Died at Eccles tru Stutiere Back			MARYLAND		
	Date of death 1905 Wonth	Day	Age S'G	Mont	hs	Days
E S B	Sex Funale	Color or Race	where !	Birth- place Poc	rus Ke	City led
ANSWER	Married, Single or Widowed Widowa - Cocupation Cocupation					
	Name of Wife or Schwarz	au. D	over			
m 7	Father's Samuel Word -			Father's Birthplace Pocured Killing luck		
0 -	Mother's Maiden Name	Mother's Birthplace				
	Name of person giving Eclesarid T. Driving (800)			How related to deceased	Sur	
			ES OF DEATH			
Tyre.	Frimary Heart Wisza	se	(19)	How long	2421	,
SICIAN	Immediate 1/	•		How long	Luis	uls.
COR	Are the name, age, sex, color, date and place correctly given above? Signature of Physician			staigs 6	Jours	lu.w
0 E R	Ges		Address ()	Cathia		
	Accident or Suicide?			zacho.		
				LIB	RARY BUREAU	A60010



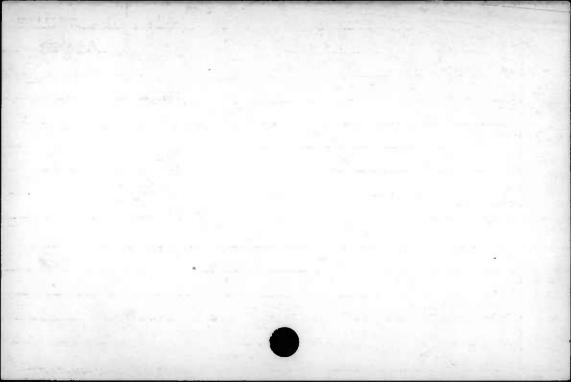
Name CERTIFICATE OF DEATH Full Died at MARYLAND Months Days Date Age of death 190/ ANSWERED BY Color or FRIEN Race Occupation Where Residing if not sy Labore at place of death Name of Wile or Married, Single Husband or Widowed TO BE NEA Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased / In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address œ Assident of Guicisto? LIBRARY BUREAU ASSSIS



Name in CERTIFICATE OF DEATH Full County MARYLAND Months Davs Date of death 190 Age Color or Birth place ANSWERED FRIEN Race Occupation Where Residing If not at place of death REST Name of Wife or Married Single Husband or Widowed NEAF 区 Father's Father's Name Birtholace 9 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary_ emalure burth How long E-BROWER PHYSICIAN mirabilités Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide?



Name ordie Dupe in Full CERTIFICATE OF DEATH County MARYLAND Died at Months Date Age of death | 901 ВУ Color or Birth-ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death REST Married, Single Name of Wile or Husband or Widowed NEAF 10 Father's Father's Birthplace Name 0 Mother's Mother's Made C Thu Birthplace How related Name of person giving has a. to deceased In formation CAUSES OF DEATH How long Primary ORONER How long PHYSICIAN Immediate ! Are the name, age, sex, color, date Signature of and place correctly given above? Hes. Physician Addue 00 Accident or Suicide? LIBRARY BUREAU ASSSIS



Name CERTIFICATE OF DEATH County MARYLAND Months Days Birth-Color or ANSWERED FRIEN Race Occupation Married, Single or Widowod Nama of Wife or Husband H Father's Fathar's Maryland Birthplace Name Mother's Birthplace . How related Nama of person giving Mabel Dunne to decaased In formation CAUSES OF DEATH How long ale left Primary How long Few E IN PHYSICIAN NO OR Are the name, age, sex, color, date Signature of and place corractly givan abova? Physician Addres -Assident or Culside? LIBRARY BUREAU ASSSTS

HC Wiedefeld Greenmount Cem.

Name in Full	Mrs I	Querris 9			CERTIFICATE OF DEATH
ANSWERED BY REST FRIEND	Died at Wiplan	or Mpland House Ballo.			MARYLAND
	Date of death 190 5	Month Lay 26	Age Years	Mo	onths Days
	Sex Male	Color or Race	Vhele	Birth- place	Talli Cely
	Occupation A 21	-02.	Where Residing if not at place of death	polar	id Horne
	Married, Single or Wi dowed	Name of Wife on Husband			
TO BE	Father's Name			Father's Birthplace	
	Mother's Maiden Name			Mother's Birthplace	
	Name of person giving In formation	Gencel	mily	How related to deceased	
		CAUS	ES OF DEATH		
	Primary			He woong	as sook when
NAN	Immedi Stuly	nonary d.	uberculos	to ads	nitted
PHYSICIAN R CORONER	Are the name, age, sex, colo and place correctly given a	r.date US	Signature of Physician	thos &	Bussey
PHO			Address	Der	tas 1
	Accident or Suicide?	no.			ma
					LIBRARY BUREAU ASSSIS

John Burns Sons May's Cerre,

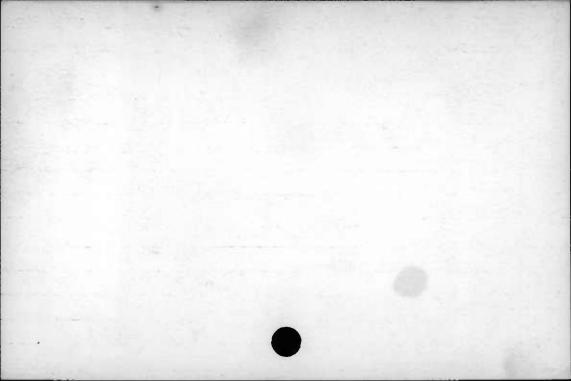
Mame in Full	Elvin M.	Eagleste	DE CERTIF	CATE OF DEATH
	Died at Highlandton	m Bal		ARYLAND
D BY	Date of death 190 3 Month Da	2 Age Years	Months	Days
	Sex Fernale Color or Race	White	Birth-place Bac	lte.
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death	202 Pra	the St. Ex
ANSW	Married, Single Name of V or Widowed Husband	Alle ot		
TO BE	Father's gym), Ea	gleston	Father's Birthplace	alto,
1	Mother's Maiden Name Stattie)	Stalling	Mother's Birthplace	(1
	Name of person giving my	Eaglist	How related to deceased	father
		CAUSES OF DEATH		
	Primary Enterities	(3	How long 60	days
CIAN	Immediate		How long -	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Hyosha	as Mr
		Address	303 Ligher	-112
	Accident or Suicide?			<i>b</i>
			LIMPARY MIL	REAU A33518

Balto Bem. Hernig & Son

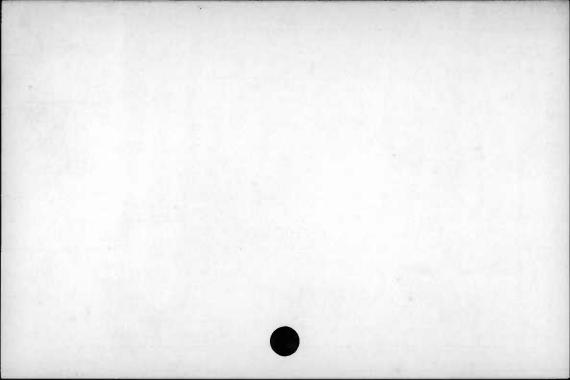
Name	Wille Engle	Supplied to the same		
Full	and Griger	- 1	CERTIF	CATE OF DEATH
	Died at Orangeville	Balte	M	ARYLAND
	Date Month Day	Age	Months	Days 14
IN BY	Sex Fernice Color or Race	White	Birth- place Bul	eto 60.
ANSWERED REST FRIEN	Occupation nine	Where Residing if not at place of death	3 Orlea	us St. Ey
ANSI	Married, Single Name of Wile or Husband	1		
TO BE	Father's John Gmil	th	Father's Birthplace	ult
F	Mother's Maiden Marine Ene	all	Mother's Enthplace	(1)
	Name of person giving Mmnu 69	ngel	How related to deceased	wither
	Causes	OF DEATH		
	Primary	(6/0)	How long	
PHYSICIAN R CORONER	Immediate Marasm	us 1	How long	Month
	Are the name,age,sex,color.date Si and place correctly given above? Pi	gnature of hysician	Warn	ev
OR O	Ifes	Address // 2v /	Hypla	udon
7	Accident or Suicide?			
- 10	//	IV.	LISRARY BU	REAU ABBIE

Hernig Adon MA Carmel 7/15/05

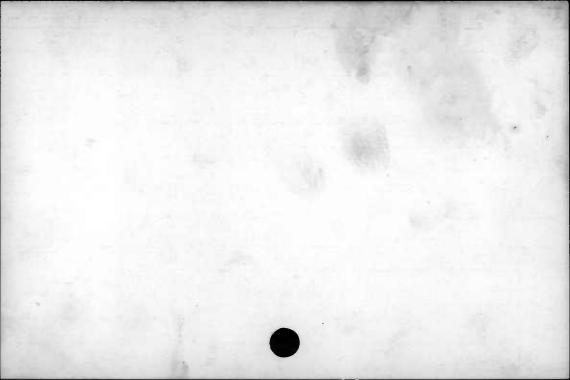
Name in Full	Mis John	Everi	ues		CERTIFICA	TE OF DEATH
	Died at Rossuc	ile	Po acc	to	MAR	YLAND
ED BY	Date of death 190 of Suly	Day	Age 66 years		onths	Days
	sex Lechale	Color or Race	Vlite	Birth- place	mo	
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death			
	4: reiod, Single or Widowed	Name of Wife or Husband	John C	aur	we	
TO BE	Father's Name		0	Father's Birthplace	1	
	Mother's Maiden Name		VA	Mother's Birthplace		
	Name of person giving In formation		α	How relate to decease	d d	
		CAUSE	S OF DEATH		,	
	Primary Relieu	ouar	n Tukes	How long	67	w
PHYSICIAN OR CORONER	Immediate	/	and the	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	vu	lac	
			Address R	00	sue	ile ma
7	Accident or Suicide?					ma
			e en more man		LIBRARY BUREA	U A88313



Name in Full	Doby Evit	CERTIFICATE OF DEATH
	Died at Ablanten Park Balismon	MARYLAND
BY	Date of death 190 5 Minth Day Age Years M	onths Days
	Sex Male Color or White Birth- Place P	vlam Pack
ANSWERED REST FRIEN	Married, Single or Widowed Occupation	
ANS	Name of Wife or Husband	A 11: 1.
TO BE	Father's Name Joanny D. Cont. Birthplace	Galleum New
H	Mother's Maiden Name Florence, M. Mank Birthplace	10
	Name of person giving Hally 9. Evil How related to decease	ed Fath
	CAUSES OF DEATH	
	Primary Crasiistony Howlong,	
NER	Immediate How long	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician	Torta.
	Address	Park Mul-
	Accident or Suicide? 20	
		LIBRARY BUREAU ASSS16



Name in muan , CERTIFICATE OF DEATH Full Died at MARYLAND Months Days Date mu of death 190 FRIEND Color or Birth-ANSWERED place Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wite or or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How lon carees ONER How long PHYSICIAN Immediate Œ Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Addi œ Accident or Suicide? BICEEA UARRUB YRABBIL



in Full	Stonley	Freel	and		CERTIFICAT	TE OF DEATH
- 9	Died at Ashland		13 County		MARYLAND	
ED BY	Date Month of death 1905	14.	Age /	Mo	6	Days
	sex Inale	Color or M	hite .	Birth- place (ashla	-dhid.
ANSWERED	Оссиральн		Where Residing if at place of death	not		
TO BE ANSV	Married, Single Scriple	Name or Wife or Husband				
	Father's Charles	Fre	land	Father's Birthplace	And	1
	Mother's Maiden Name Maurie	Bar	Tham	Mother's Birthplace	Ina	/
	Name of person giving In formation	arr all	Frielan	How related to deceased		datter
			S OF DEATH	∇		
	Primary Chalera	I ulput	man -!	How long		
SICIAN	Immediate &	hans	tron	How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wilmer	C. En	nn
A B		0	Address	Coef	Luy Sr	ille
	Accident or Suicide?				mo	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					LINBARLY HURENI	2 000010

La Re Beried of Jesopts church semetery By Ensor & Trie

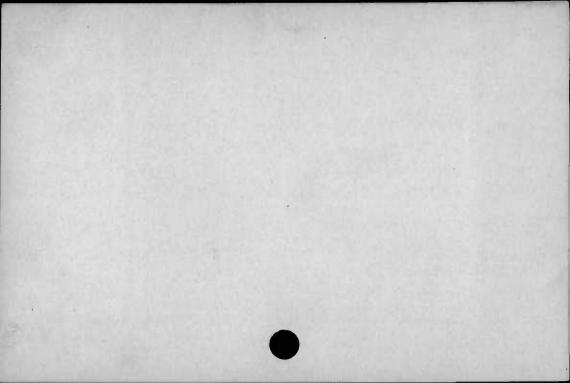
in Full	Lusiving R. &	alend a		CER	TIFICATE OF DEATH
	Died at Arhlandl	-	Breto		MARYLAND
	Date of death 1905 Month	Day	Years Age	Months 10	Days
ED BY	Sex Make of	Color or Race	rtite	Birth- place Ba	to city
ANSWERED	Oscupation		Where Residing if not at place of death	elle	-
	or Widowed Single		7.		
NEA	Name Polt 6. Tolludaman			Father's Birthplace	lemany
40	Maiden Name Oulsa 11			Mother's Birthplace	η
	Name of person giving In formation			How related to deceased	
3		CAUSE	S OF DEATH		
	Primary Dupen	tery	(1)	How long 2	days
CIAN	Immediate	1		How long	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Valler	
0 E			Address D. John	L 5-5.1.	Boundary
)	Accident or Suicide?			Backs, M	
				LIBRAI	TY BUREAU ASSSIS

Immanuel Cemetary

U

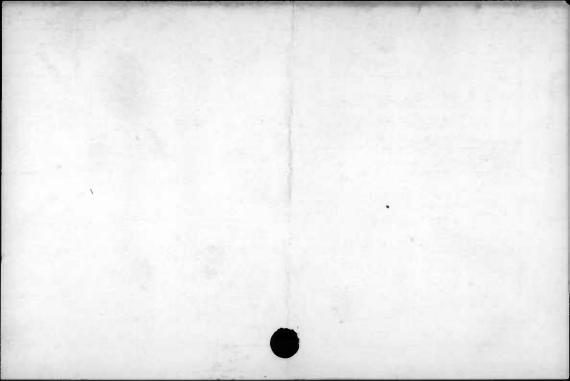
CHRISTIAN MILLER. UNDERFAKER & EMBALMER.

2334 Jefferson St. N. W. Cor. Montford Ave. Baltimore Md. Name in Eull CERTIFICATE OF DEATH MARYLAND Months Days Date of death 190 f ANSWERED Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife pr Husband or Widowed 田田 Father's Bickplace Name Mother's Mother's Maiden Name Birthplace Name of person giving Warren How related to deceased CAUSES OF DEATH Primary CORONER PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? BIGGER VARALE YEAR HEADIS



Name in CERTIFICATE OF DEATH -Full Town Died at MARYLAND Years Months Days Date Age of death 1901 0 Color or Birth-ANSWERED REST FRIEN place Sex Race Occupation Where Residing if not at place of death Marind, Single Name of Wife or Husband Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH How long Primary RONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of 0 and place correctly given above? Physician Address 0 Accident or Suicide? BIBBARY BUREAU ASSES

Serwold Pak Bonden Pak Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Day Date of death 190 2 Age Color or Race Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death Name of Wile or Husband Married, Single or Widowed 回 Father's Father's Birthplace OC 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary ONER How long PHYSICIAN R CORONER Immediate Signature of Physician Corrier Shung Muelly Are the name, age, sex, color, date and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU ABSSIS

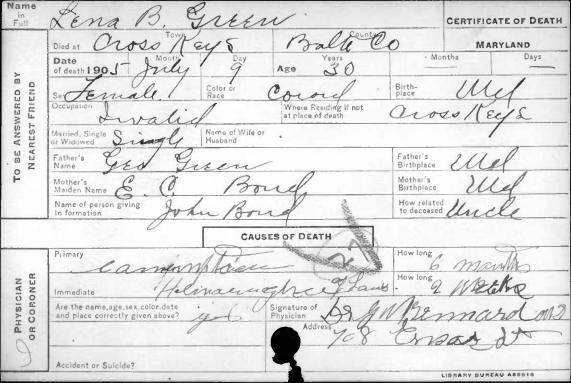


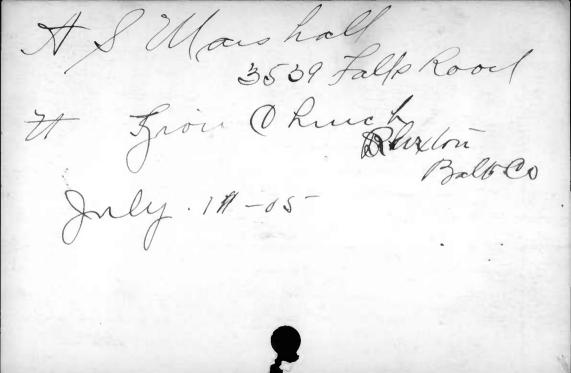
Name in Full he W Gordon Occupation Date 189 July Brite Age 69-3-6 711d. Conferent Single Widower Golored Number of children living of Kate Grelaway Husband Wife Father's andrew Gender Mother's Elozabeth England Primary Brights Discose Immediate Hart Frilier Accident, Suicide, Homicide Charles Brayley III D Bagley, maryland Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Untersman Frankolinskie

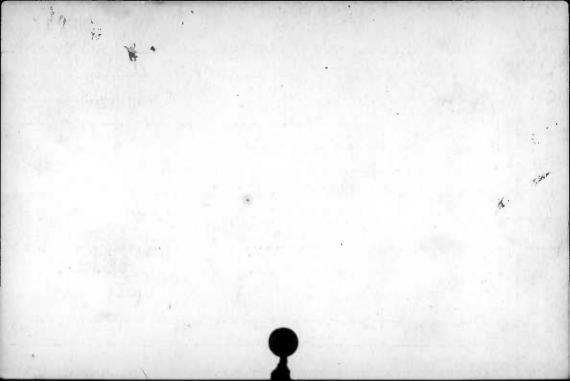
Name in Full	Thomas W. Gords	7	CERTIFI	CATE OF DEATH
	Died at Welight Town	Bulling	m M	ARYLAND
	Date of death 190 5 July 19	Age J 8	Months	Days 3
ED B	Sex Race	vliste .	Birth- Harfor	nd Co
NSWER	Stutel Persprieler	Where Residing if not at place of death	Ballemin	9
< €	Married, Single Married Name of Wile or Husband	mayon	T E. 9 m	dere
NEA NEA	Father's Marker Forder	_	Father's Birthplace	Loud
To	Mother's Maiden Name Margaret E.	Casey	Mother's Birthplace	Rance
	Name of person giving Jeannetts	y ordere	How related to deceased	aughter
	0	S OF DEATH		
	Primary Chronic orterstet	ich Reporter	Howlong 24	s
CIAN	Immediate Uraeurae	(10)	How long 2 d	ays
HYSICIA		Signature of Physician	Mslad	te-
00		Address Reis	Terstress	md.
	Accident or Suicide?	- 10		
			LIBRARY BU	REAU Adista



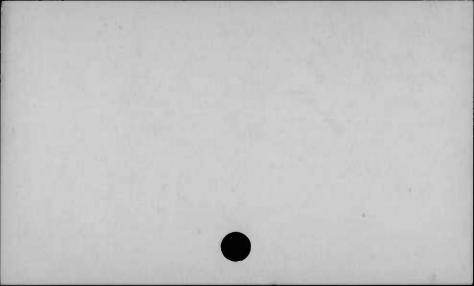




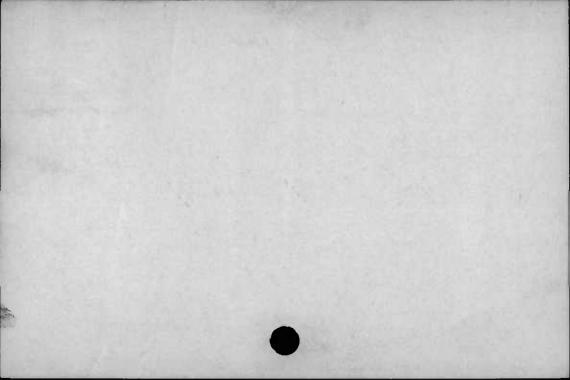
Name	1-	- 10		•	4		
in Full	Margaret (1. Mann) CERTIFICATE OF DEATH						
	Died at Chalous	mille	Ballo County		ARYLAND		
END	Date of death 1905 Suly	Day /3	Age 67	Months	Days		
	Sex Fernale	Color or Race	hite	Birth- Germa	ny		
ANSWERED REST FRIEN	Married, Single		Occupation		9.		
ANS	Name of Wife or John	Grino	1				
O BE	Father's George Genel			Father's Birthplace Semany			
01	Mother's Margarel Unel			Mother's Germany			
	Name of person giving of Gu	rge Gm	u V	How related to deceased	1		
		CAUSE	S OF DEATH				
	Primary Malignen a	distant 1	hi kuetin	How long aver 32	eve		
SICIAN	Malignal a	milio	u.	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	S	Signature of Mab	Emmaegi.	u		
PHO			Addiss Car	Tausacles			
9	Accident or Sulcide?						
1-11-11-	200			LIDRARY BUI	REAU ABBS16		



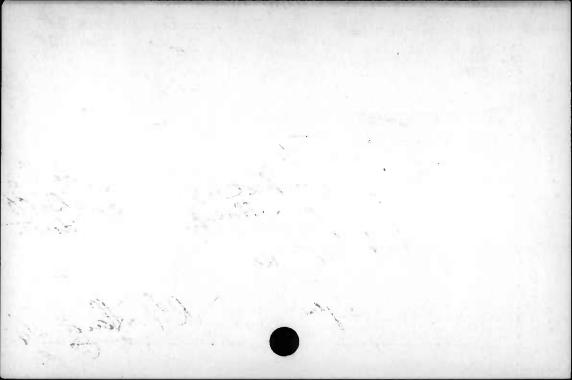
Name in Full Certificate of Death Number of children living Husband Wife Father's Accident, Suicide, Homicide Address fever 32 Mills Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full			Mames	c	ERTIFICATE OF DEA	тн
ED BY	Died at Browthe tigen C	Couch	Bell County	my	MARYLAND	
	Date of death 1905	Pay	Age Years	Month	Days	
	Sex Incle	Color or M	Lute	Birth-	heete an	7
ANSWERED	Occupation		Where Residing if not at place of death	at me	olpher Giller	-
	Married, Single Lingle	Name of Wile of Husband	m			
TO BE	Father's Mm/Mari	ies		Father's Birthplace	howar &	-
-	Mother's Chy bu	of Ka	vand a	Mother's Birthplace	~	
	Name of person giving Faul	ユ	7	How related to deceased	_	
		Cause	S OF DEATH			
	Primary Stile bo	n	0	How long		
PHYSICIAN OR CORONER	Immediate		0	How long		
	Are the name, age, sex, color, date and place correctly given above?	400	Signature of HST	to Bor a	F	
		7	Address Will &	ent be	7	
	Accident or Suicide?	~				
		44.		LIBE	BIBBBA LABRUS YRA	



Name in Full	Reford dield of Edwin Wirginia Had	CERTIFICATE OF DEATH
	Died at Millington Ball 5 County	MARYLAND
>	Date of death 190 J / Age / Age	nths Days
ED BY	Sex Junale Color or / Hute Birth- / Slace	eld Co. had
ANSWERED REST FRIEN	or Widowed Occupation	
ANS	Name of Wife or Husband	0
N EA	Father's Same Father's Birthplace	Vallo (14)
10	Mother's Maiden Name Virginia griffith Mother's Birthplace	Ball Tud.
	Name of person giving I Selvour Account to deceased to deceased	
	CAUSES OF DEATH	
	Primary Liker 2000 (1) How long	
CIAN	Immodiate How long	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Out. He	ades 1,
9 R	Address	2/1
7	Accident or Sulcide?	'lody.
		IBRARY BUREAU AddS16



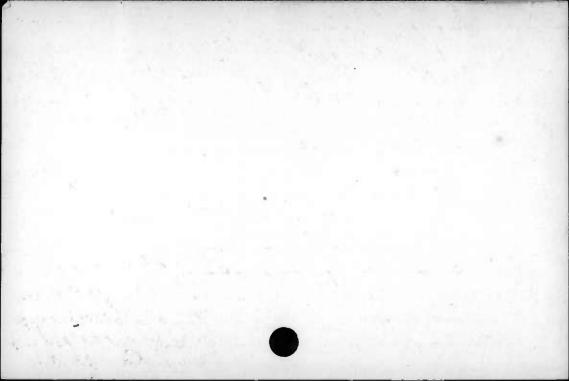
Name CERTIFICATE OF DEATH MARYLAND Died at Months Date Age of death 190 Birth-Color or ANSWERED REST FRIEN place Race Occupation Where Residing if not at place of death Name of Wile or Married, Singla Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH How long Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address œ Accident or Suicide? LIBRARY BUREAU ASSESS

Dr. Warner Mr Carmel H. Sander resmis

Name	10 . 62			
in Full	Derniet. Car	mond	CERTIFIC	ATE OF DEATH
	Died at 228 this ade shis Pla	Ballen	MA	RYLAND
	Date Month Day of death 1905 Suly 22	Age	Months 2	Days
ED BY	Sex Male . Color or Race	Phile	Birth-place Callo	Ce. Ma
Answered rest Frien	Occupation 7 Line	Where Residing if not at place of death		
	Married, Single or Widowed Name of Wile or Husband		À	
in a	Father's Edyard Harr	Father's Birthplace Palli Md		
0 L	Mother's Marden Name Curra &C.	Mother's Birthplace Cana G. Md		
	Name of person giving diract A-	How related to deceased Talks.		
	Causes	S OF DEATH	6	
D. E.	Primary Dilythria	(4)	How long	
RONER	Immediate E Laurets on	A	How long	•
PHYSICIAN R CORONEI	Are the name, sge, sex, color, date and place correctly given above?	ignature of Hause	J. Bud	Certair.
P. O. B.		Address H	ighland o	lve
	Accident or Suicide?			
			LIBRARY BUR	EAU ABBB16

& Sugallie a xxx of the war a Mr. Calmit Jan July 22. 1901

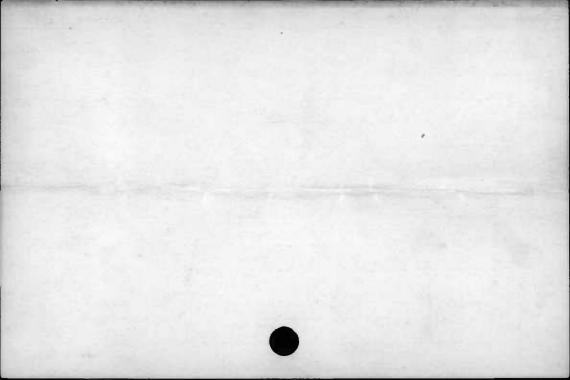
Name William Hanny Full CERTIFICATE OF DEATH MARYLAND Date Color or While ANSWERED Occupation Where Residing if not at place of death Married, Single Lingle Name of Wile or Husband 田田 Father's Father's Birthplace Welknown Mother's Mother's Maiden Name Birthplace Name of person giving Recits Wolfor How related not af un -CAUSES OF DEATH Primary Maria Chronie ORONER PHYSICIAN Pul. Duberculosis Are the name, age, sex, color, date ank J. FlanneryMo Signature of and place correctly given above? 040 Physician Accident or Suicide?



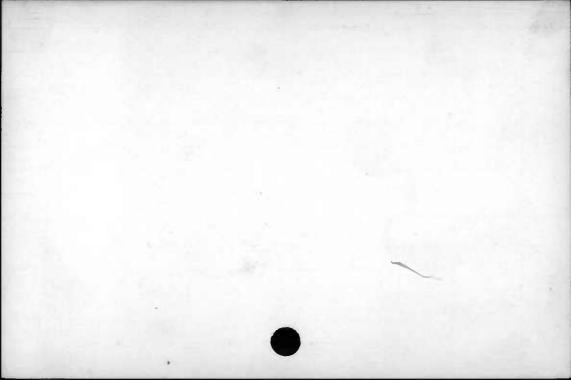
Name in CERTIFICATE OF DEATH Full County MARYLAND Died at Day Date of death 190 5 Color or Birth-ANSWERED REST FRIEN place Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed 日日 Father's Birtholace-Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long EB PHYSICIAN NO Immediate 0.00 Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or LIBRARY BUREAU Addis 6

Emmortheed len H. Lander Som

Name Foll CERTIFICATE OF DEATH Died at MARYLAND Month Months Days Date of death 190 4 -Age Birth-Color or ANSWERED FRIEN place Sex Race Occupation Where Residing if not at place of death Name of Wite or Married, Single Husband or Widowed 田田田 Father's Father's Name Birthplace 10 Mother's Mother's Maiden Name Birthplace Name of person giving How related in formation to deceased CAUSES OF DEATH Primary How los CORONER Howarne PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician OR Address ne Accident or Suicide? LIBRARY BUREAU ASE



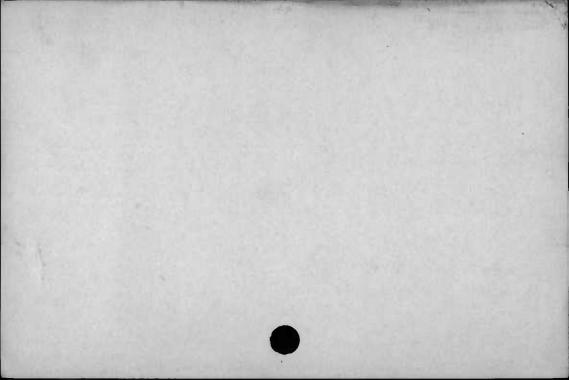
in Full	Lolin H	ile			CÉRTIFICA	TE OF DEATH
(Died at Slundon		Ballo		MARYLAND	
À 9	Date of death 1905 Luly	Day	Age Years	Mo	nths	Days
C1	sex male	Color or Race	While-	Birth- place	00	
ANSWERED	Occupation Manage	2	Where Residing if not at place of death	5 Val	Ley &	1. Bello
EA.	Married, Single Married or Widowed	Name of Wife or Husband			/	
NEA NEA	Father's Moses Je	ill		Father's Birthplace	200	a
5	Mother's Mary	nica	rtere	Mother's Earthplace	000	y a
	Name of person giving Den	ight)	Liee	ow related b deceased	So	
	6	CAUSE	S OF DEATH			
	Primary	na Pe	ctoris do	Flow long	1200	Lais
PHYSICIAN R CORONER	Immediate Heart	Fail	ure ? (9)	How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Yames	Va	co	
O E	yes		Address 230	3 N	Cali	15-
7	Accident or Suicide?					
				L	BRARY SUREA	J A83518



Name		
in Full	augusta Hochw	CERTIFICATE OF DEATH
	Died at Shigh Landtown Ballto.	MARYLAND
>	Date of death 1905 Month Day Years Mo	O Days
ED BY	Sex Female Color or White Birth-place	md
ANSWERED	Occupation Where Residing # at place of death	
	Married, Single Name of Wile or Husband	•
NEA!	Father's Name Heinrich Hoehn Birthplace	Germany
0 4	Mother's Maiden Name Catherina Fornies Birthplace	Germany
	Name of person giving Stewarth How relate to decease	
	CAUSES OF DEATH	
	Primary Gastr - Enterities 5 Howlong	2 WKs.
PHYSICIAN R CORONER	Immediate Meningitis, Howlong	1 WK
	Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above? Signature of Physician	entz
P	Address 41 Easter	ru ave
7	Accident or Suicide?	
		LIBBARY BUREAU ASSSIS

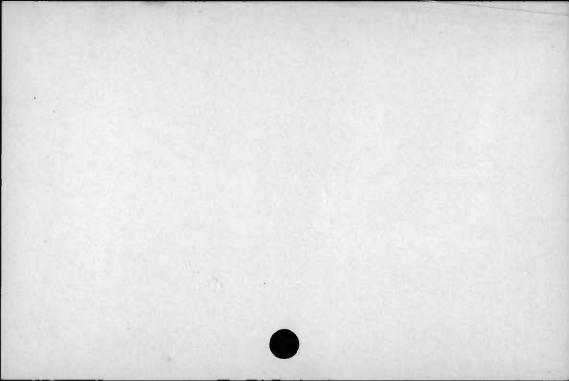
Trivily Cometery A. Sander Von

in Full	mari	mildre	il 96	otensha	de	CERTIFICA	TE OF DEATH
	Died at		rele	Bulli	ty	MAR	YLAND
ED BY	Date of death 190 5	July	Day	Age - Years	Мо	nths d	Days 3
	Sex · Fel	male.	Color or A	Phile	Birth- place	nonte	tim
ANSWERED REST FRIEN	Ocerhanor			Where Residing if not at place of death	Corch	efferi	lle
	Married, Single or Widowed		Name or Wife or Husband			1	
NEA	Father's /9	rbert	Hole:	shade	Father's Bigthplace	hon	faton
04	Mother's Maiden Name	Auli	21-2	ward	Mother's Birthplace	Reci	Sore (
	Name of person gi		in 26.	Centhad	Howarelated to decrees d		her
			CAUSE	S OF DEATH	1.07/		
	Primary /	Her a	In 1ai	u Juin-	How long		
SICIAN	Immediate	alla	1 2/18-	1	How long		
PHYSICIAN R CORONEI	Are the name, age, and place correct	y given above?		Signature of Physician			
PH				Address			
)	Accident or Suicia	dag			Transport of		
	resident of Sulcit	46;				INGARY MUREA	U A88516

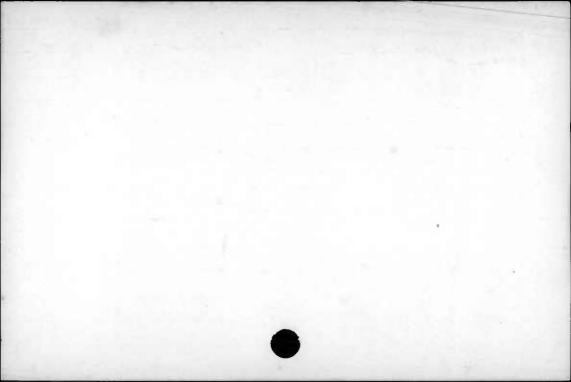


Name in Full MARYLAND Month Day Months Date of death 1906 Age Color or Birth-FRIEN ANSWERED place Occupation Where Residing if not at place of death Name of Wife or Mahied, Single Husband or Widow Father's Father's Name Mother's Mother's Birthplace Maiden Name Name of person giving In formation CAUSES OF DEATH Primary ONER PHYSICIAN Immediate CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ 0 Avoident or Suicide? LIBRARY BUREAU ASSS16 mc. Softer Walter

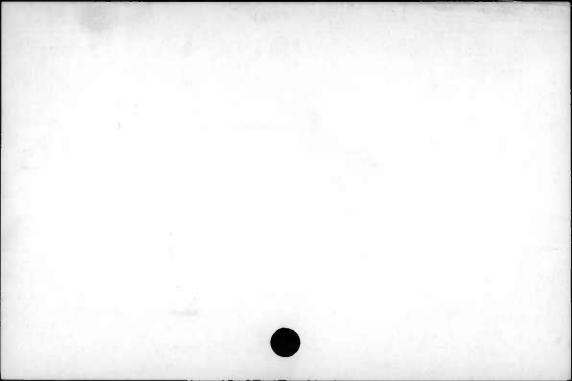
in Full	Arretta 11	6 tar	1		CERTIFICAT	E OF DEATH
END	My omas Wilson Town	Ht. Wilson	Batture	ne	MARY	LAND
	Date of death 190 3 July	Day	Age	Mont	hs	Days 2
	Sex	Color or A	lute	Birth- place	11.	
ANSWERED	Occupation		Where Residing if not at place of death	5 60	lutor	1. H.
	Married, Single or Widewed	Name of Wife or Husband				
TO BE	Father's Am Yul	board		Father's Birthplace	Md	
	Mother's Maiden Name Cattle	Hig qu	LS .	Mother's Birthplace	Med	
	Name of person giving late	terene &	ub tare	How related to deceased		
		CAUSE	S OF DEATH			
	Primary & whe have	Dior	rhoea T	raw long	20	
PHYSICIAN OR CORONER	Immediate Maluu	Critique		How long	60	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A /tu	orf	
	Colved from Certy Bla	A 9.95	Address 804	ball	udras	H.
9	Accident or Suicide?					
					EDADU MILDEAU	



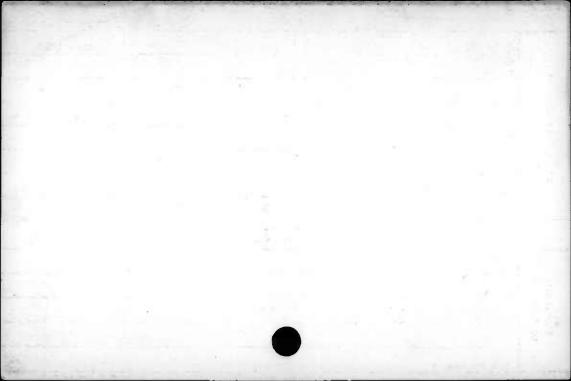
Name in Full	Forfact of	Gas. H	lugle	CE	ERTIFICATE OF DEATH
	Died at Town	lower	Balle	aire	MARYLAND
	Date of death 1905	Day 15-	Age Years	Months	4 Days of
ED BY	Sex Gill	Color or Race		Birth- place	elt G.
BE ANSWERED NEAREST FRIEN	Occupation		Where Residing if not at place of death		
	Missiad, Single or Wissiand	Name of Wite or Husband			
	Father's Lever	e H	ughes	Father's Birthplace	ages Jul
0 -	Mother's Alexander Name	Gara	luer	Mother's Birthplace	Howar G. ml
	Name of person giving 9	eorge 14	egle.	How related to deceased	Julle
		CAUSI	ES OF DEATH	K	0
	Primary S antreo	Colities	15%	How long	2 weeks
PHYSICIAN R CORONER	Immediate 24	estin	-	How long	
	Are the name, age, sex, color. date and place correctly given abo		Signature of Physician	ank 1	Mull
P			Address	andow	we Mid,
7	Accident or Suicide?				
1				LIBR	ARY BUREAU ASSSIS



Name in Full CERTIFICATE OF DEATH Count Died at MARYLAND Months Days Date Age of death | 90. BY ۵ Birth-place Color or ANSWERED REST FRIEN Sex Race Occupation. Where Residing if not at place of death Married, Single Name of Wile or or Widowed NEAF BE Father's Father's × Name Birthplace 2 Mother's Mother's × Birthplace Maiden Name Hay related Name of person giving to deceased Imformation CAUSES OF DEATH Primary CORONER How long PHYSTCIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician OR Accident or Suicide? LIBRARY BUREAU ASSSIS



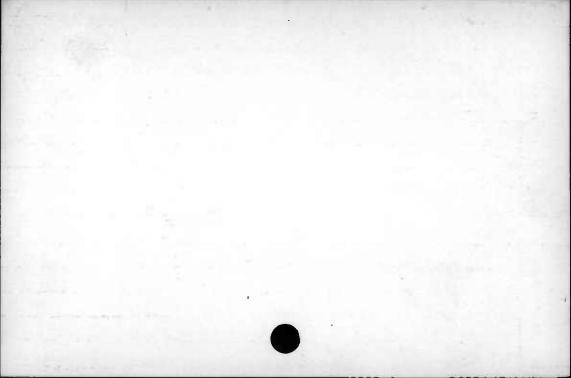
Name	A				
in Full	Thomas Stunte	7	(CERTIFICATE OF	DEATH
	Died at Pikesville	Baltim	v-se	MARYLAND	
	Date of death 190 5	Age S	Mont	ths D.	ays
ED BY	sex male Color or M. Race	hete	Birth- place	rd.	
FRI	Married, Single or Widower	Occupation Fass	ner		
	Name of Wife or Husband	- 3			
TO BE	Fether's Name		Fether's Birthplace		
Ė	Mother's Maiden Name		Mother's Birthplace		
	Name of person giving J. J. Math	Times /	How related to deceased	hone	
		SOF DEATH		14_	
	Primary Epithelionna of b	harring	Howlong	h / ye	
PHYSICIÁN R CORONER	Immediate Tyhausudu		How long		
	Are the name, ege, sex, color, date	Signature of Physician	SIM	n	
Ø. %		Address Ses	esuci	en ny	1
3	Accident or Sulcide?			BASW BURFAH BROSA	



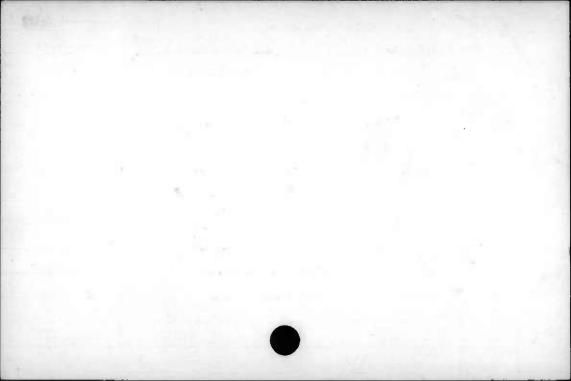
Name	P1'10			
Full	Lydeal amieso.	u .	С	ERTIFICATE OF DEATH
	Died at Pholopolis.	Balto		MARYLAND
_	Date of death 1903 7	Age 73	Month	s Days
ED BY	Sex Semale Color or Congression Color or Color o	olored	Birth- place	Ind.
ANSWERED REST FRIEN	Housewife Housewife	Where Residing if not at place of death	hiloh	vlis
EAI	Married, Single Married Name or Wite or Wildowed Married Husband	James J	amie	oon
	Father's Name		Father's Birthplace	
10	Mother's Maiden Name		Mother's Birthplace	
	Name of person giving In formation		How related to deceased	
	CAU	SES OF DEATH		
	Primary Chromic Cando card	itis Levility	How long 2 m	,3 yrs.
ICIAN	Immediate Gan arene	1 Exhaustion	How long 2	myriths
175	Are the name, age, sex, color, date and place correctly given above?	Signature of Ails.	ner C.	Country
PHO		Address	Pockey	Sville "2.
3	Accident or Suiside?		/	Md.
100			LIBE	O I CEBA UALBUR YRAF

Le Be Beried ot Qualer Battom chaple By Ensor & Prie

Name		
in Full	Seorge W. Johnson.	CERTIFICATE OF DEATH
	Died at Oella Town Ralturo	MARYLAND
>	Date of death 1905 July 24 Age 66	Months Days
ED BY	Sex male Race / Slack. pla	the mary land
ANSWERED	Occupation While works Where Residing if not at place of death	Pella
	Married, Strotte married Name of Wife or Louisa Lo	awsey.
N E E		ther's trangland
6		other's maryland
		ow related with
	CAUSES OF DEATH	8
	Primary. Hemillers (1) Ho	owlong 4 mys
RONER	Immediate Kerrelles a	ow long 3 days
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician	hally west.
0 H	Address	tonsville
9	Assistant or Suicide?	and.
		LIBRARY BUREAU ASSSIS



Name in Full	matiena Josh	uson	CERTIFICATE OF DEATH
	Died at Puceseece	Ballow	- MARYLAND
>	of death 1905 hely	Day Years Age about 60	Months Days
ED BY	Sex Imac Color o	seyro	Birth-place Did
ANSWERED	Married, Sigl e ≪ Widowed	Occupation	
	Name of Wife or Husband / dowl / n	ow	•
TO BE	Father's Name /4	//	Father's Birthplace
ř	Mother's Maiden Name	"	Mother's Birthplace
	Name of person giving In formation	Elm	How related not as all
		CAUSES OF DEATH	
	Primary Crobally Lu	bereulone	How long
PHYSICIAN R CORONER	Immediate Armorr	Lague VI	How long minute
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	mon a
РН		Address Pus	esuel My
	Accident or Suicide?		
			LIBRARY BUREAU ASSSSS



Wadeline 7.7	Lohnste	The same of the sa	CERT	TIFICATE OF DEATH	
Died Owing hells, Balos. C. Ballimins County			c ₂	MARYLAND	
Date of death 1905 July	3 o	Age	Months	Days 18	
Sex Jamale	Color or Race	white		of Mins Balto. Co.	
Occupation '		Where Residing if not at place of death	DATE:		
Married, Single or Widowed	Name of Wile or Husband				
Father's Name Chris ofthe Shuston Birthplace			Father's Birthplace Bal		
Mother's Maiden Name Madeline J. J. Tilgunar Birthplace Balti					
Name of person giving (is topler)	Shuston	How related to deceased Ta	du	
	CAUS	ES OF DEATH			
Pilmary Dentite	oir	(1)	How long alv	Hustr	
Immediate Auteln	dieste	vin V	How long ator	ナノー	
Are the name, age, sex, color, date and place correctly given above?		Signature of Dr HV	46 ample	UM &	
		Address (Rovers	a brills.	mel	
Accident or Suicide?					
	Died Oamp he Date of death 1905 July Sex Occupation Married, Single or Widowed Father's Name Chris off Mother's Maiden Name Madelvi Name of person giving In formation Primary Primary Mentalian Are the name, age, sex, color, date and place correctly given above?	Died Oring hells, Balo. G Date of death 1905 July 30 Sex July 30 Sex Color or Race Occupation Married, Single or Widowed Husband Father's Name Of Luis of	Date of death 1905 Date of death 1905 Date of death 1905 Date Occupation Sex Color or Race Color or Race Where Residing if not at place of death Married, Single or Widowed Father's Name Mother's Maiden Name Mother's Maiden Name Mother's Maiden Name Causes of Death Primary Primary Primary Primary Are the name, age, sex, color, date and place correctly given above? Address Address Address Address	Died Oamp Rules, Balto. G. Baltimorks Date of death 1905 July 30 Age Sex Junele Color or Race Color or Race Color or Race Color or Race Color or Widowed Husband Married, Single or Widowed Husband Father's Name of Wile or Husband Mother's Maiden Name Radeline J. J. Tilpina Mother's Birthplace Birthplace Birthplace Roughland Information Pilmary Devilors CAUSES OF DEATH Pilmary Devilors Immediate Sula Industria Are the name, age, sex, color, date and place correctly given above? Address Causes of Mathematical Address Causes of Mathematical Address Address Causes of Mathematical Address	

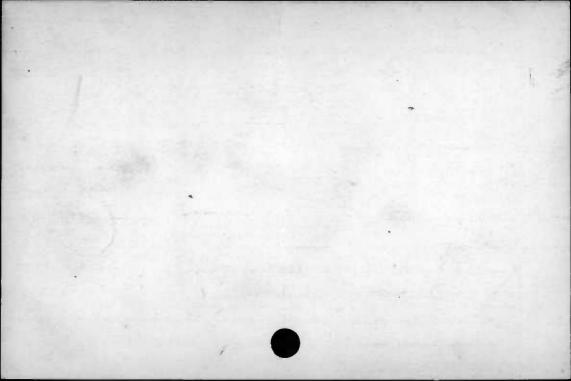
How flather. Low Fark

Complett

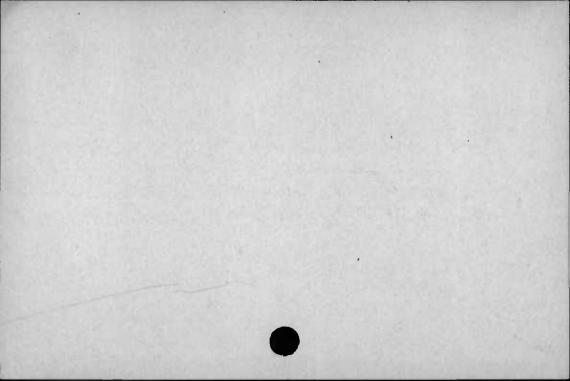
Name	A . 11	1.1	1	4/-/-	
in Full	Lowbon	dear	sev	1/22/X	CERTIFICATE OF DEATH
	Died at Back Far	4	Ball	inty	MARYLAND
	Date of death 190 5 - In the	Day 2 2	Age 46		nths Days
ED BY	sex male.	Color or Race	White	Birth- place	
ANSWERED REST FRIEN	Occupation Listor	u.	Where Residing if not at place of death	24/2 W.	Ballost City
	Married, Single or Widowed mary	Name of Wife or Husband		. 80	/
NEA	Father's Name		/2	Father's Birthplace	
0 F	Mother's Maiden Name		The b	Mother's Birthplace	
	Name of person giving RM	wh /to	ill,	How related to deceased	
		CAUSE	S OF DEATH	ĺ	
	Primary	crole	In arm	How long	
PHYSICIAN R CORONER	Immediate 1111	medial	ı`	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	1.1.1ts	rman
P. O.			Address	B	Coroner
7	Accident or Suicide?	veido		Ivas	nu ma
100	Very Service Control of the Control	18 /6 T 22			IRRARY BUNEAU ASSSIS

Joseph Stintebeck Cedar Lice Cem.

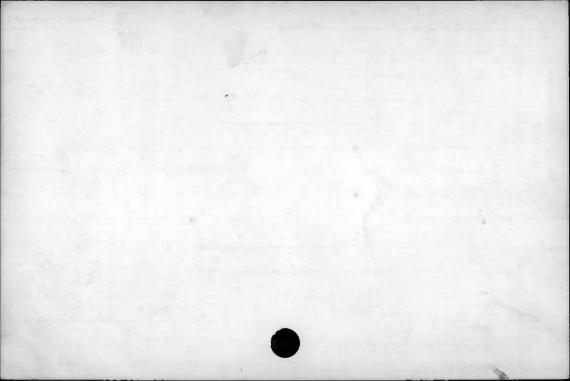
Name		POSSER TO SERVICE STATES		and the second	
in . Full	Huter Kannany				CERTIFICATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Shrevers Punt.		Bulling		MARYLAND
	Date of death 1905	Day 14	Age Years	Mon.	ths Days
	sex Fridalt	Color or Race	vhile.	Birth- place	Survis Paret
	Occupation		Where Residing if not at place of death	_	
	Married, Single or Widowed	Name of Wile or Husband			
	Father's bareful / Luruan			Father's Birthplace	Genny
	Mother's Manden Name Wallis Lutuerer			Mother's Birthplace	lsennaty
	Name of person giving Joseph / Kerner			How related fuller	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	the a	when 1	9 1 50	2 minily
	Immediate Ex hun	steri		rlow long	6 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of F. H	·Eld	ud M &
			Address	Shun	is Dant.
	AccidentenSuivide				Mel
				LI LI	BRARY BUREAU A3316



Name in Full CERTIFICATE OF DEATH County MARYLAND Died at Months Days Day Date Age of death 1904 FRIEND Cclor or Birthplace Sex ANSWER Where Residing if not at place of death NEAREST Married, Single Name or Wite or Husband Father's Father's Birthplace Name Mother's Mother's Birtholace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Immediate . Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicida? LIBRARY BUREAU Addits



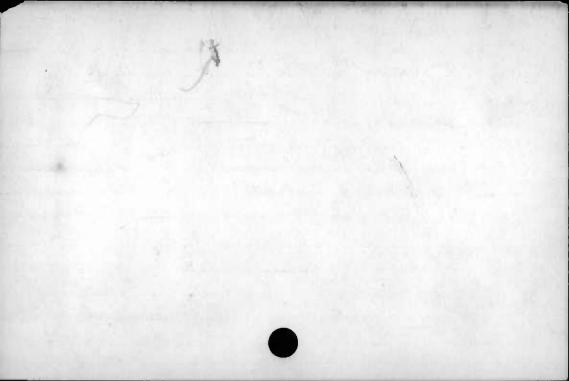
Name in Full CERTIFICATE OF DEATH MARYLAND Died at Month Manins Data Age of death 190 BY Ω Birth- O Color or ANSWERED FRIEN Sex Race Where Residing if not at place of death REST Name of Wile or Married, Single Hueband or Widowed HE NEA Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary ONER How long PHYSICIAN Immediate 1 Are the name, age, sex, color. date Signature of and place correctly given above? Physician O Addré 00 Accident or Suicide? LISBARY BUSEAU ASSOIS



in Full	Chas & Rock		CERTIFICA	TE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Town Died et	MAF	MARYLAND	
	Date of death 190 3 Parky 19	Age Years	Months	Days
	Sex Mall Color or Trace	White	Birth- AESM	ann
	There Keeper	Where Residing if not at place of death	the offer	re
	Married, Single Married Name of Wife on Widowed	Caroline	Hoch	/
	Father's When		Father's Birthplace	nany
	Mother's Maiden Name		Mother's Birthplace	
1-2	Name of person giving barbline	Hoch	How related to deceased www	fe
	Caus	SES OF DEATH		
PHYSICIAN OR CORONER	Primary accident	(NaL)	Howlong	
	Immediate Drownin		Howlong	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Borons	They 4 A	leffer
	accident	Address 1215	7 tusto	Por
	Accident or Suicide?			
	1		LIBRARY SURE	U ABBBIB

History Cemetery H. Sander Hons

Name in Full CERTIFICATE OF DEATH MARYLAND 16th Months Date of death ! 90.5 Age Color or ANSWERED Race Occupation Where Residing if not at place of death Name of Wile or Married, Single or Widowed Husband BE Father's Father's Father's Birthplace Dellunose City Name 0 Mother's Birthplace 2 all Name of person giving How related to deceased In formation CAUSES OF DEATH RONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of CO and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUREAU ASSSIS



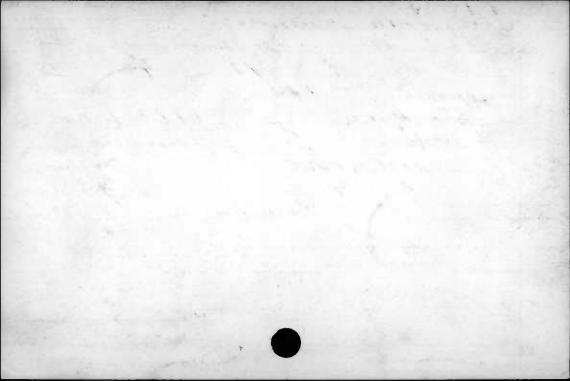
Name in CERTIFICATE OF DEATH Full County . Styren MARYLAND Months Days Date White Birth-place Color or FRIEN ANSWERED Where Residing if not at place of death Name or Wife or Married, Smere Lower Husband o=Willowed 日日 Father's Bishplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving terdeceased In formation CAUSES OF DEATH Primary E PHYSICIAN NO **Immediate** OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUREAU Adub16

263 Frank 4

Name	Horena Kunnecilee			CERTIFICATE OF DEATH		
BE ANSWERED BY	Died at Canton (Bactor)	MARYLAND		
	Date of death 1905 July	3 ^{2y}	Age Years	Mo	nths 1/2 hours	
	sex female	Color or F	Mile	Birth- place	Bacto Mid	
	Occupation More		Where Residing if not at place of death	Ball	o. Co:	
	Married, Singla or Widowed Husband					
	Father's les. Summedler			Father's Birthplace Tha		
o L	Mother's Hosence Benner			Mother's Birthplace		
	Name of person giving Leo. Sunnedle			How related to deceased		
CAUSES OF DEATH						
	Primary			How long		
PHYSICIAN OR CORONER	Immediate pas	mo		How long		
	Are the name, age, sex, cold, date and place correctly given above?	Jes :	Signature of Physician	120	inmen	
			Address 925	Tos	uldin II	
3	Accident or Suicide?	-				
-	The state of the s				IRRARY RUSEAU ASSSIS	

1st Evangelië leen Klandu Woons

Name in CERTIFICATE OF DEATH Full. Date of death 190 0 Color or Birth-ANSWERED FRIEN e Residing if not at place of death Married, Single Name of Wile or Husband or Widowed BE Father's Father's Name Birthplace To Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long ER How long PHYSICIAN NO Immediate OC. Are the name, age, sex, color, date Signature of and place correctly given above? ysician Address OC. Accident or Suicide? LIBRARY BUREAU ASSES

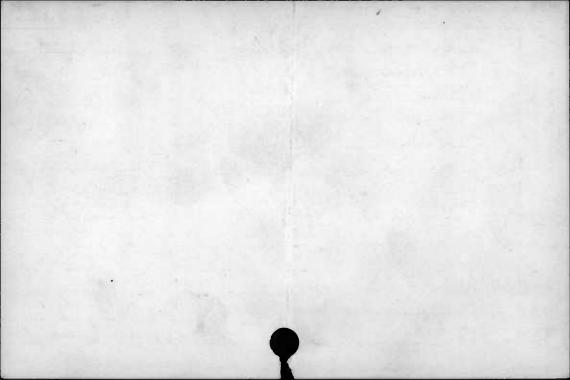


Name Pelir Lawless CERTIFICATE OF DEATH Full MARYLAND Months Birth- Irland Z ANSWERED Latheman (machine) Where Residing if not at place of death Married, Single Durale Husband M Father's Father's Birthplace Mukerown mekunn Mother's Mother's Birthplace Maiden Name Name of person giving Reals moto tone Reman How related Not af all -CAUSES OF DEATH ONER PHYSICIAN Jasho suleritis 00 Are the name, age, sex, color, date Signature of and place correctly given above? œ Accident or Suicide

Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Days Date Birth-Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Name of Wife or Married, Store Husband Lil (ii) Father's Father's Birthplace Name 0 Mother! Mother's Birthplace Maiden Name How related Name of person giving to-deceased In formation CAUSES OF DEATH Hew long Primary ONER How long PHYSICIAN Œ Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUREAU ASSSIS

Grans & Speciel 1100 E. Ball St.

Name CERTIFICATE OF DEATH Full MARYLAND Months Days Date of death 1905 Age REST FRIEND Color or Race Birth-ANSWERED place Occupation Where Residing if not at place of death Marriel Name of Wile or Husband Married, Single or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How Your ER How long PHYSICIAN ORONI Immediate Adofs Sparrows Paint Are the name, age, sex, color, date Signature of and place correctly given above? Physician Œ Accident or Suicide? UREAU AJOSIG



Name in Full	Carlierine	A	Singsa	4	CERTIFICATE OF	DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Formore,		Balloco		MARYLAND		
	Date of death 190	3	Age Years	Mo	Months Days		
	Sex emale.	Color or Race	vhie	Birth- place	Freson		
	Occupation woul		Where Residing if not at place of death	7 mso	n.		
	Married, Single Suffer Name of Wile or Husband Now Husband						
	Father's Name ames	James Jamesay		Father's Birthplace			
	Mother's Maiden Name Catherine T. R. 1- Assidia		Mother's Birthplace				
8	Name of person giving DMCs & Lindson			How related Harlier			
. CAUSES OF DEATY							
	Primary of Allheria	,	16	How long	Len day	,	
PHYSICIAN OR CORONER	Immediate Congestion	- & Kis	lwy V	How long	Eight lag	1	
	Are the name, age, sex, color, date and place correctly given above?	Jes	Signature of Physician	JH6,Ja	neto		
			Address	To	vson		
	Accident or Suicide?						
					LIBRARY BUREAU ASSST	4	

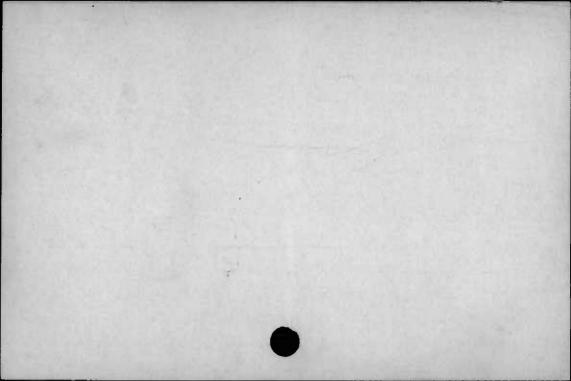
John Burns Sous Forward Ust Maria Cern. Touson

Name in Blee Marie & Full CERTIFICATE OF DEATH Bactimore MARYLAND Months Days Age Color or Birth-ANSWERED FRIEN Race Occupation Where Residing If not at place of death Name of Wile or Married, Single Husband or Widowed Li m Father's 9 Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary ER How long PHYSICIAN RONI **Immediate** Are the name, age, sex, color, date Signature of ō and place correctly given above? Physician œ Accident or Suicide? LIBRARY BUREAU ASSSTS

Torraine Cem Jos Blevk Name in CERTIFICATE OF DEATH Full MARYLAND Died at Munths Days Day Date Age of death 19Q NEAREST FRIEND Birth-Color or ANSWERED place Race Occupation Where Residing if not at place of death Name of Wire or Married, Single Husband or Widowed TO BE Father's Father's Birthplade Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary E How long PHYSICIAN ORON Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address E Accident or Suicide? LIBRARY BUREAU ASSSIS

A. Sunder volm

Name * in CERTIFICATE OF DEATH Full MARYLAND Months 9 5- Days Date of death 1903 Age 0 Color or White Birth-ANSWER Where Residing if not at place of death REST Married, Single Name or Wite or Husband or Widowed Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary How long E PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of littled Me to and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU AS



Name in CERTIFICATE OF DEATH Full County Town_ MARYLAND Died at Month Months Days Day Date Age of death 190 Σg REST FRIEND Color or Birth-ANSWERED Race place Occupation Where Residing If not at place of death notian Name or Wine or Married, Single Husband or Widowed TO BE NEA Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long ER How long PHYSICIAN CORON Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU Adda18

1st Evangelical lenn H. Sarieber + I mo

Name in CERTIFICATE OF DEATH. Full County Town MARYLAND Died at Months Days Day Date 30 of death 190 S Age BY 0 Birth-Color or ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Name of Wife or Married, Single or Widowed IJ G Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How relate Name of person giving to deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, ocior, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY SUREAU ASSSIS

John A, Saiger 273 L. Broadway Bultimon Cemetry

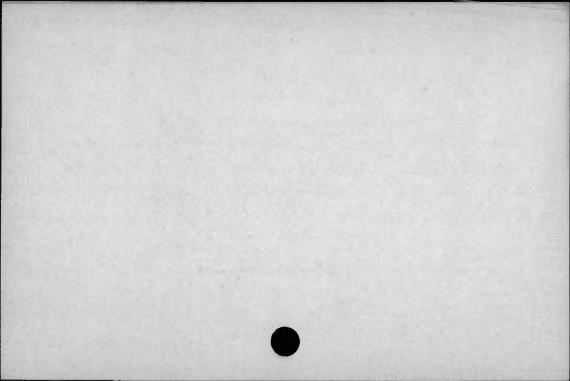
Name Full CERTIFICATE OF DEATH MARYLAND Months Days Date Color or Race Birth-ANSWERED Where Residing if not at place of death Married, Single Name of Wile or or Widowed E E Father's Name Birthplace 01 Mother's Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH ONER PHYSICIAN **Immediate** 00 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUREAU ACADIS



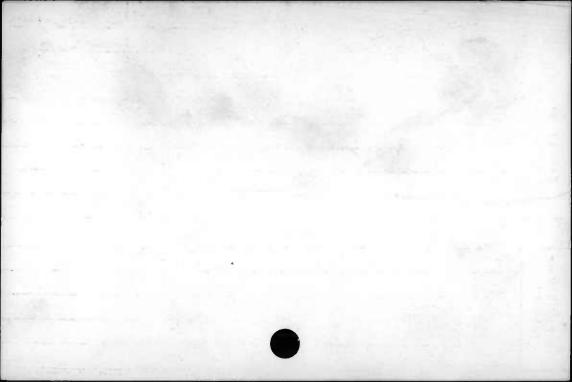
Name s in Full	tom morales	CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Devan	1 Julia	MARYLAND			
	Date of death 190 Month	Age Years	Months Days			
	Sex Male Color or Race	white	Birth-place Makanes			
	Occupation Durllerer	Where Residing if not at place of death				
	Married, Single Willowy Name of Wife or Ownolme Murmmy Mex					
	Father's Name	Whelesh	Father's Birthplace Include			
	Mother's Maiden Name	Burn	Mother's Birthplace			
	Name of person giving Thus Joke	Rancker 1	How related Not or La			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Smith	. (2)	How long			
	Immediate and as level of	monde.	How long / leas (
	Are the name, age, sex, color. date and place correctly given above?	Signature of Physician	18-188 mme.			
		Address Sta	18 Ballo			
	Accident or Suicide?		mel			
			LIBRARY BUREAU ASSSIF			

John Burns Sons Rosh Ceru. Govanne

Name in. CERTIFICATE OF DEATH Full Ownes Mills MARYLAND Months Days Date of death 190 5 Age Birth-place Color or FRIEN ANSWERED Sex Race Occupation Where Residing if not at place of death REST Name or Wife or Married, Single Husband or Widowed 四四 Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER w long PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR Accident or Suicide? DICESA UASAUM YRAF



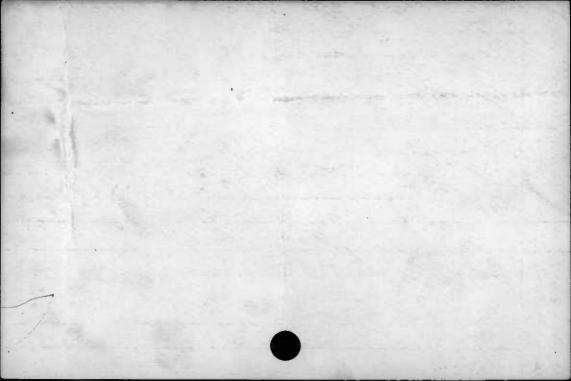
Name in CERTIFICATE OF DEATH Full County MARYLAND Died at Days Date of death 190 5 Age Color or FRIEN ANSWERED Race Occupation Where Residing in not at place of death REST Married, Single Husband or Widowed N Father's Father's Birthplace Name Mother's Mother's Birthpla Rot Usculas Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long ER How long PHYSICIAN ORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY BUREAU ASSSIC



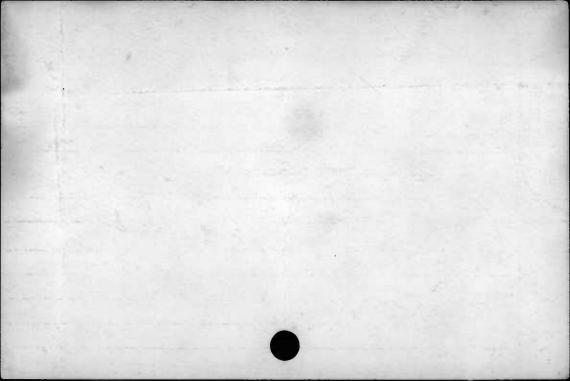
Name in CERTIFICATE OF DEATH Full MARYLAND Died at Months Date of death 1901 Age 0 Birth-Color or FRIENI ANSWERED place Race Occupation Where Residing if not at place of death Married, Single Name of Wile or Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother! Birtholace How related Name of person giving to deceased In formation CAUSES OF DEATH Primary ONER How long PHYSICIAN œ Are the name, age, sex, color, date Signature of ō and place correctly given above? Physician Address æ Accident or Suicide? LIBRARY BUREAU ASSETS

Oak Lawn Country A Sander Sons

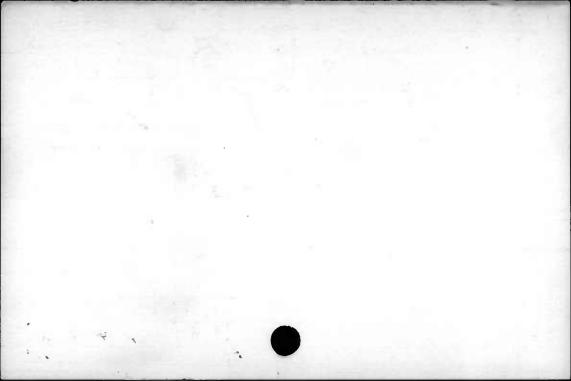
Name ira CERTIFICATE OF DEATH Full County Tow Died at MARYLAND Months Month Years Date Age of death 190 4 0 Birth-place Color or ANSWERED REST FRIEN Race Occupation Married Single or Widowed Name of Wife or Husband NEAF 日日 Father's Name 0 Mother's Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long How long CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of Enysician and place correctly given above? E Address ' Accident or Sulcide?



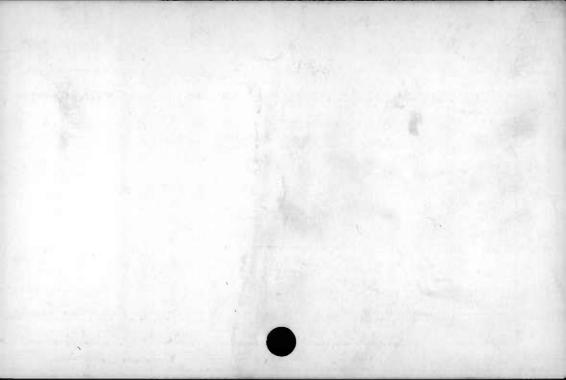
Name	W. 61 . 11/12		
in Full	Mex. Hours 101-mis	CERT	IFICATE OF DEATH
		ounty	
	Died at / Marchald Durch Date		MARYLAND
	Date Month Day Years Age	Months	Days
à o	and the same of th	6	fit -
	Sex Color or Thurs	Birth- place Saci	Lo.
REB	Marciad-Single Occupation		
NS T	or Widowed	8	
ANSWERED REST FRIEN	Name of Wife or Husband		
	Father's 18 10 72	Father's	11-6
TO BE	Name IIII IIII	Birthplace 2	ello 60,
ř	Mother's Marden Name Peloa Joseph	Mother's Brithplace	1 . 1.
100	Name of person giving ()	How related	1-11)
	Information Wa Voenta	to deceased	MALN.
	CAUSES OF BEATH		
ALC: N	Primary /	How long	
10	dugiaeshou		
N H	1 1 Nove 0 1 7	How long	- days
PHYSICIAN R CORONER	Immediate would auganim	m ju	1.1700
	Are the name, age, sex, color, date and place correctly given above?	TMART	mille.
PH	Address	01-1	1
0		Mewant	noun:
>		P.	
	Accident or Suicide?	7a	DUREAU ARESTA



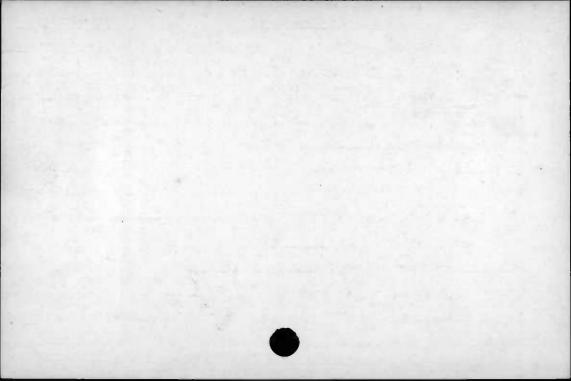
Name	The state of the s	5			-	V
in Full	mary	mi	ues		CERTIFICA	TE OF DEATH
	Died at Wulkers	Thur			MARYLAND	
	Date of death 190	Day	Age Years	Mo	Months	
ED BY	Sex Fernele	Color or ea	lond	Birth- place	Zud	
ANSWERED REST FRIEN	Married, Single or Widowed		Occupation			
<2 E	Name of Wife or Husband					
TO BE	Father's Mellea	en m	nees	Father's Birthplace	m	1
Ě		certin	Brown	Mother's Birthplace	Sud	3
	Name of person giving will Information	leave	muies	How related to deceased		4
		CAUSE	S OF DEATH			
	Primary ex Lais	tim	134	How long		
PHYSICIAN R CORONER	Immediate Preced	aline	Bulk	Howlong		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<u>o</u> m			Won. 8	Ans	7/h	int
7	Accident or Suicide?	1)	r			00
					ABRUE YEARBIL	U ABBS18



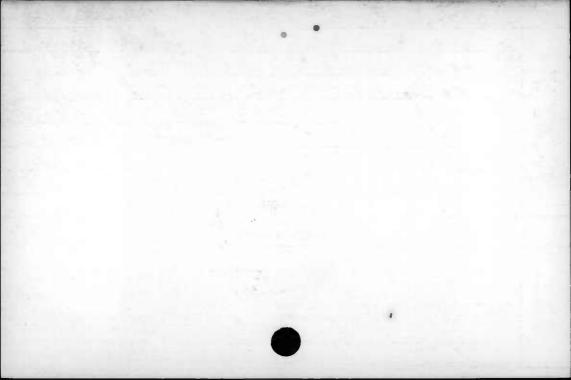
Name in CERTIFICATE OF DEATH Full MARYLAND Months Date of death 190 0 Color or Race Birth-ANSWERED REST FRIEN place Widowed Name of Wife or Husband NEA Father's Father's Birthplace Name Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH How long ORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address C Accident or Suicide?



Name in Full CERTIFICATE OF DEATH Died at Months Date Age of death 190 5 FRIEN ANSWERED Occupation Where Residing if not at place of death Wame of Wile or Married Sinele myerr Husband or Widowed TO BE Father's Birthplace 2 Name Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long ER How long PHYSICIAN Z Immediate 00 Are the name, age, sex, color, date Signature of and place correctly given above? Address 00 Accident or Suicide? LIDRARY MUREAU ASSOIS



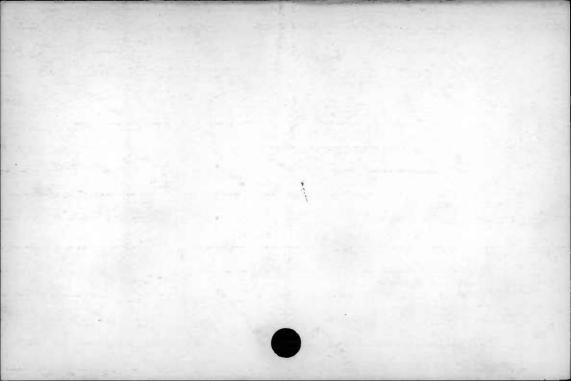
Name CERTIFICATE OF DEATH Full Died at Mannie MARYLAND Day Months Date of death 190 3 Age Color or Race Birthplace Where Residing if not at place of death ouseurs Married, Single Name of Wite or or Widowed Husband Mother's Bethplace Maiden Name Name of person giving/ to deceased In formation CAUSES OF DEATH Primary How long H How long PHYSICIAN RON Are the name, age, sex, color, date and place correctly given above? Address LIBRARY BUREAU AdSS16



Name in Ful! Certificate of Death Widow Number of children living Widower Husband Wife Father's How long sick Cause of Primary Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 65968

Attended by	Dr. Ac	A CONTRACTOR OF THE PROPERTY OF THE		ugu id
Information		in this	certificate	re-
ceived from.	GT annihimment	in suggestation of the state of	and the second second section of the section of the second section of the s	- pp + p = = = \$9

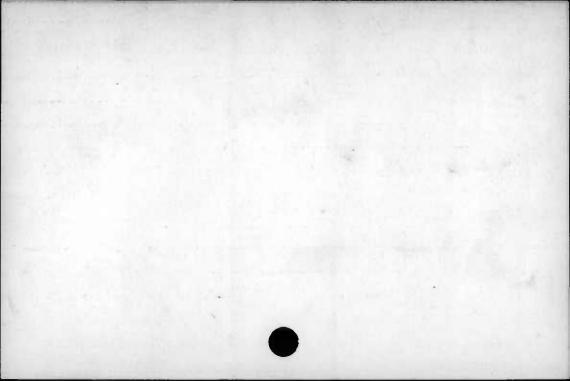
Name	117	1	1-2-1			
In Full	Mark garette lense	wo. ke	elen		CERTIFICAT	E OF DEATH
	Died at Officerrous Pt County		MARYLAND			
	Date Month of death 1905	18	Age Years	Mo A	nths	Days 15
ED BY	Sex Henrell	Cotor or W	hill	Birth-	anord	Vacuel
WERED FRIEN	Occupation		Where Residing if not at place of death		~	
ANSWERED REST FRIEN		Name of Wife or Husband				
TO BE	Father's Name SEPEN	Mels	m	Father's Birthplace 1	Duna	Me
	Mother's Maiden Name	in W	atras	Mother's Birthplace	Melo	esta
	Name of person giving &	amla	1 yours	How related to deceased	non	<
		CAUSE	SOPDEATH			
	Primary Measles		(%)	How long	6 wel	20
PHYSICIAN R CORONER	1	tion	Ve	How long	304	R
	Are the name, age, sex, color, date and place correctly given above?		Signature of Ex	amle	esh yo	urex
0 8			Address 305	East	E! M	<,
9	Accident or Suicide?					
					IBRARY BUREAU	A85516



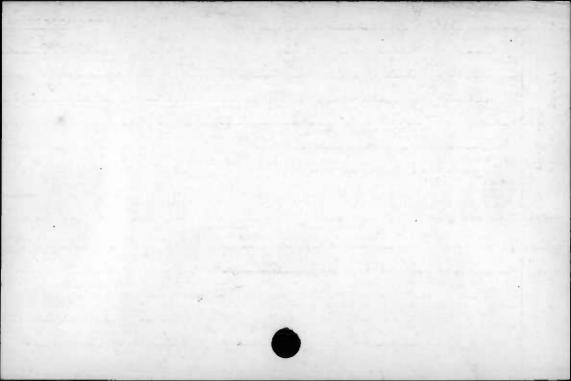
Name Lillian C Nolau in Full CERTIFICATE OF DEATH Died at Ecoloro Wood Hor MARYLAND Date Months Days of death 1905 July Age / C Sex Firmele Color or FRIEN ANSWERED Married, Single or Widowed REST Name of Wife or Husband Father's Mother's Mother's Birthplace / -Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSIS

EM Mitchell 1201W. Forgether 6 to Loudan Park

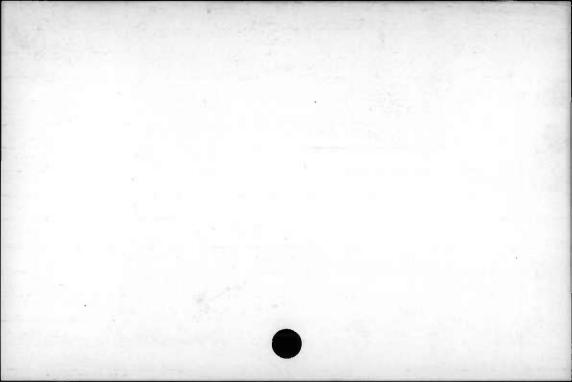
Name in Full	Mis Bessie M. Nor	vill		CERTIFICATE OF DEATH			
>	Died at Med Hope Retreat			MARYLAND			
	of death 1905 July 5 Me	Age 2 Years		onths Days			
ED B	La	vuite		aryland -			
ANSWERED	now.	Where Residing if not at place of death		•			
	Married, Single Married Name of Wile or Muknown						
TO BE	Father's Mukudwn		Father's Birthplace	nukuowa			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving Recdo MAHopu			not at all			
		ES OF DEATH					
	Primary Milancholia		Howlong	50r6 wks			
PHYSICIAN R CORONER	Immediate Cheumatre Per	icardilis	How long	2612			
		Signature of France	uk .	Flannery			
O. R.		Address	. //	Retreat -			
	Accident or Suicide?						
				IBBARY RUREAU ASSS15			



Name in CERTIFICATE OF DEATH Full Town MARYLAND Died at Years Months Days Date Age of death 190./ 四人 NEAREST FRIEND Color or Birth-ANSWERED place Race Occupation Where Residing if not at place of death Married, Sigle Name of Wile or or Widewed Husband TO BE Father's Father's Birthplace Name Mother's Mother' Birthplace Maiden/Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long PHYSICIAN OR CORONER CORONER How long Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU A33518



in Full	many	Xnin	1 Orm	7	CERTIFICA	TE OF DEATH	
ED BY	Died at Origin		& alw		MARYLAND		
	Date of death 190 5 Month	Pay / Lf	Age	M	onths	Days	
	Sex Memale	Color or Race	In him	Birth- place	Relse	Cv.	
ANSWERED	Occupation Tyme		Where Residing if not at place of death				
TO BE ANSV	Married, Single or Widowed	Name of Wife of Husband					
	Father's Name	on (romas	Father's Birthplace	Dales.	Ci.	
	Mother's Maiden Name	$\langle \mathcal{L} \rangle \sim$	Duran	Mother's Birthplace	Lah		
	Name of person giving In formation	ann (Dungo	How relate to decease		her	
CAUSES OF DEATH							
	Primary Man ne	2 nus	(IE)	How long			
PHYSICIAN OR CORONER	Immediate Anam	tun	10	How long		1	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	X Ca	norgan	e/	
	april to Cust	tenk,	Address 30	2 21.8	Trunk	ran &	
9	Accident or Suicide?	alo			Cin		
					LIBRARY BUREAL	J A86816	



Name in Full CERTIFICATE OF DEATH County MARYLAND Month Day Years Months Days Date of deat 190.5 Age 0 Birth-Color or ANSWERED NEAREST FRIEN Sex Race place Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed TO BE Fathers Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related in formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Signaturenel Are the name, age, sex, color, date and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU

Foraine Com. JoBlook

Name in Full County MARYLAND Date Age of death 190 0 ANSWERED FRIEN Occupation Married, Single or Widowed Name of Wife or Husband E 18 Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving / to deceased devere in formation CAUSES OF DEATH How long Primary EB PHYSICIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address DC. Accident or Suicide? LIBRARY BUREAU A88516 at Campfield cl. It/haft

in Full	Thomas Rufus Payne	CERTIFICATE OF DEATH
٨	Died at lower Balty.	MARYLAND
	Date Of death 190 5 Years Age Month Pay Years Age	Months Days
END	Sex Wale Color or (Cul) Birth-place	ud,
FRI	Occupation Outfaut Where Residing if not at place of death Occ	vem
	Money (4), Single or Musband Husband	
NEA NEA	Father's Pames Payne Birthpla	
0	Mother's Marden Name Anulis of Romall Birthpla	
	Name of person giving Thomas Payne How rel	
	CAUSES OF DEATH	
	Primary General Quantities (5) How Ion	8 9 Juno
PHYSICIAN R CORONER	Immediate Condiac astheria Howlon	z flour
	Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above? Signature of Physician Our	chi Eun U.D.
0. 0	Address Love	SM ZUA
0	Assident or Swieide?	Ma,
		LIBRARY BUREAU ASSSIS

0.0

Haszil Connelige Cockeyswille

in Full	John	L. Phi	her!	CÉR	TIFICATE OF DEATH
, ,,	Died at Tulled	Jown U	Baltinie	ne	MARYLAND
	Date of death 1905	Month Day	Age 37	Months	Days
ED BY	Sex male	Color or Race	v	Birth- place ha	wyland
ANSWERED	Occupation Bar	Tender	Where Residing if not at place of death	Fuller	ten
	Married, Single or Widowed	Name or Wite or Husband	}	214	
E A	Father's Goo	Reifor		Father's Birthplace	reverk
£ 2	Mother's Maiden Name		A TO	Mother's Birthplace	"
	Name of person giving In formation	Frances of	leifer Of	How related to deceased	roife
			ES OF DEATH		
	Primary Chronic	Gastritis-Ce	rebeal Hemorles	How long	
RONER		re 9 vetal For		How long	(
PHYSICIAN R CORONER	Are the name, age, sex, colo and place correctly given	r.date	Signature of Physician	ear It	Phitefen.
OR O			Address	Fuller	on hud.
4	Accident or Suicide?				
-				LIBBAR	Y BUREAU ASSSIS

A Jasephio July 4

Name in Full	Cantrus & Fo	rel	CEBTIFI	CATE OF DE ATH
87	Died at Meddle River	Buck		ARYLAND
	Date of death 190 J Leely 24	Age Years	Months 9	Days 6
	Sex Male Color or Race	oher	Birth- place >44	2
S II	Married, Single or Widowed 222	Occupation Also	1	
la l	Name of Wife or Regin - Pr	el		
NEA NEA	Father's auchen Prel		Father's &	
0 2	Mother's Burtana	-	Mother's Birthplace	an any
	Name of person giving, In formation Prece		How related to deceased	L
	CAUSE	S OF DEATH		
	Primary Caucer Throat	+ Face	Howlong 8 >2	units
CIAN	Immediate as cherre à		How long 2 2	ins
PHYSICIAN R CORONEI		Signature of John	Witama	m m (
PHO		Address mil	le Part.	ms
)	Accident or Suicide?			
			LIBRARY BUI	REAU ABSS16

Holy Riderma comy

Name in Full CERTIFICATE OF DEATH Died at MARYLAND Dav Months Date Days of death 1908-BY REST FRIEND Color or ANSWERED Race Occupation Name of Wife or Husband NEAF 田田 Father's Father's Name Birthplace 0 Mother's Mother's Maiden-Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How lor PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address E O Accident or Suicides LIBRARY BUREAU ASSSS

Saters Cerri.

Name in CERTIFICATE OF DEATH Full MARYLAND Months Davs Date of death 190. BY Birth-place REST FRIEND Color or Race ANSWERED ried, Single or Widowed Name of Wife or Husband 38 NEA Father's Father's Birthplace Name OL Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH ONER PHYSICIAN Immediate COR Are the name, age, sex, color, date Signature of Physician and place correctly given above? Address OR Accident or Sulcide? LIBRARY BUREAU ASSSIS

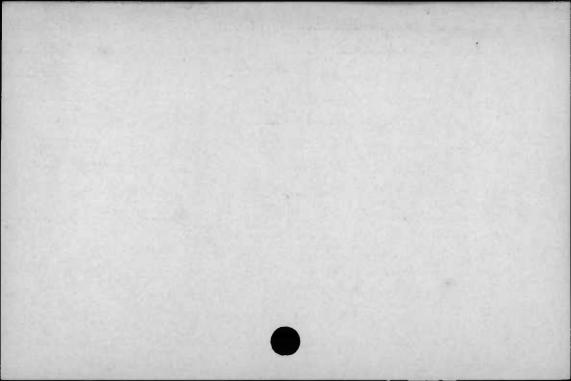
Degas md.

Nama ln Full CERTIFICATE OF DEATH Town Died at MARYLAND Month Months Date Years Days Age of death 190 BY Ω Color or Birthmrd! ANSWERED REST FRIEN Race place Occupation Married, Single or Widowed Name of Wife or Husband H Father's Father's Name Birthplace 10 Mother's Mother's /Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH about 1 moth ORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician ŏ Addres Accident or Suicide? LIBRARY BUREAU ASSS16

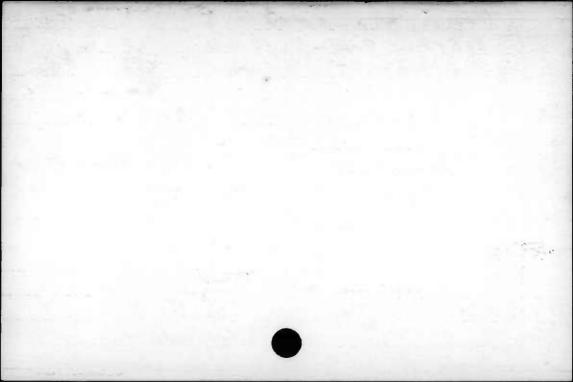
H. Co. Weiarful Tusas. application made for Cerrial permit-angl 4 receluied to issue firmit

Lufer malter to Dr John 6. I welton, State Rigustran together with letter of Mr Miderfield.

R C. Massenburg M.D. Sacietary Officer 9th List Alignstrum vilat Statiscus Name CERTIFICATE OF DEATH Full County MARYLAND Months Date of death 190. Color or Birth-FRIENT ANSWERED place Sex Race Where Residing if not at place of death NEAREST Name of Wife of Married, Single Husband or Widowed EL CO Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBHARY BUHEAU MOSSIG

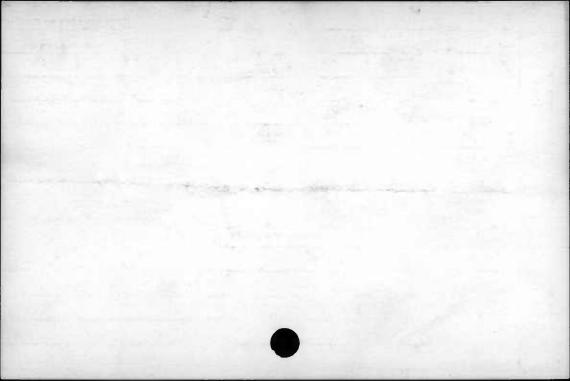


Name Heury andall in Full CERTIFICATE OF DEATH Died at StEPHah Town MARYLAND Months Days Date ANSWERED. BY Color or Race FRIEN Occupation Where Residing If not at place of death REST Name of Wife or Married, Husband 11 Father's Father's Birtholace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary EB How long PHYSICIAN NO OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician œ Accident or Suicide? LIBRARY SUREAU ASSSIS



in Full	Jas. Mm. Rid	gely	CÉRT	FICATE OF DEATH
133	Died at Hernwood	Bull		MARYLAND
₩	Date of death 190 5 July 3/	Age	Months 2	Days
	Sex maly & Color or 1	white	Birth- place Huran	wood and
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death	Grangovo	1 and
	Name of Wile or Husband			
TO BE NEA	Father's J. Ihm. Pic	daley	Father's Birthplace Bal	to Co-
F	Mother's Maiden Name May	obyle	Mother's Birthplace	
	Name of person giving Harren	Polinson	How related to deceased	
	Causi	S OF DEATH		
	Primary Gasho Entire	ta/113)	How long Z	wake
RONER	Immediate Communication		How long for	Homa
PHYSICIAN R CORONEI		Signature of Physician	hiply	and
OR		Address	Estans	1 Jail
7	Accident or Suicide?			
			LIBRARY	SUREAU AGESTS

Blanca



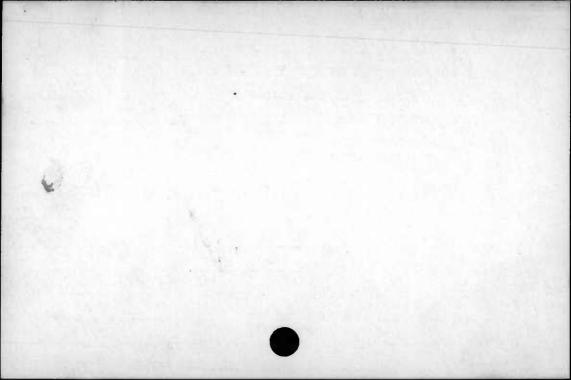
in Full	Elisa Ring				CERTIFIC	ATE OF DEATH
>	Died at Home Sh	Acris	Ballinore		MA	RYLAND
	Date of death 190 5 July	Day 2 2	Age 8-4,		onths 3,	Days
ED BY	Sex Gemale	Color or Race	hite	Birth- place a	mera	ndle Co.
ANSWERED	Occupation Carpenters)	vite	Where Residing if not at place of death	Home		
O BE ANSV	Married, Single Widow Name of Wile or Husband DEnnis K				C	
	Father's Robert Cooples				Father's Birthplace don't know	
F	Mother's Maiden Name	Kum	Haslish	Mother's Birthplace	dont	know
	Name of person giving R. Haward Ruce & H. to					Son
		CAUSE	SOF DEATH			
	Primary Dyse	uler	7 (10)	How long	one	week
CIAN	Immediate 200			Howlong	1/	
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lui	Wil	lions
O. BO		0	Address Selfs	1 Ris	4	Name of the last o
7	Accident or Suicide?	7	Hou	oun	Co	and
					LIBBARRY BURE	AU ABJOIG

Bury in irwale Cemetery on Farm in a. a. Co. Mid

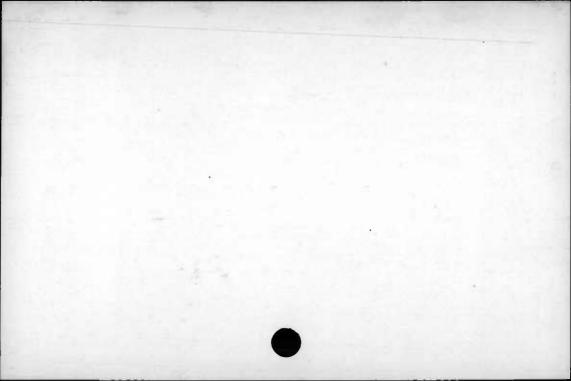
in Full	Russell Robins ha	CERTIFICATE OF DEATH
	Died at Governstown Bulto	MARYLAND
ВУ	Date of death 1905 Month 23 Age Me	2 Days
6.2	Sex wale Color or white Birth-place	Balto city
ANSWERED REST FRIEN	Married, Single or Widowed Occupation	
	Name of Wife or Husband	
TO BE	Father's Russell Robins Father's Birthplace	Balto.
-	Mother's Maiden Name Come World Birthplace	catousville
	Name of person giving George & house How relate to decease	
	CAUSES OF DEATH	
	Primary Cholera Dufantun Howlong	I when
SICIAN	Immediate Expansion How long	11
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date and place of Physician Physician	ers AND
PP	Address H (Govans)	Balto hide
7	Accident or Suicide?	LIBBARY BUREAU ASSS16

Burial at Briscoes Cemetary Balto July 24/916-My Mru Cool Sort Harthay

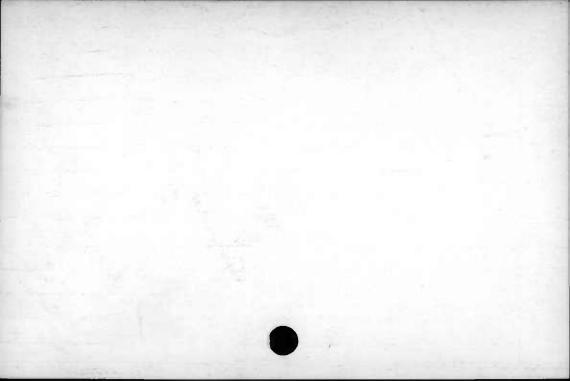
Name In Full	moses	Robin	aen		CE	RTIFICATE OF D	EATH		
	Died at Boring		Bal	County	4	MARYLAND			
>	Date of death 190 5 July	Day 29	Age 90		Months	Da	ys		
ED BY	Sex male		land	B	irth-	nol			
ANSWERED REST FRIEN	Married, Single or Widowed Widowed Docupation								
	Name of Wife or Husband								
NEA NEA	Father's Busel		ather's Birthplace	Ind					
0 2	Mother's Sell	0 I	Mother's Birthplace	mel					
	Name of person giving In formation	n	How related to deceased	Ron					
		CAUSE	S OF DEATH				,		
	Primary Red are			6	low long				
SICIAN	Immediate Cyslet	1:		1	low long	1 degs			
PHYSICIAN R CORONEI	Are the name, age, Sex, color. date and place correctly given above?		Signature of A	utte	irlain	,			
PHO			Addises	Fin	Hestr	ez .			
Y	Accident or Suicide?				n	rel			
	200,000 100 200	11000			LIERA	RY BUREAU ASSSIG			



in Full	grace So	our	0			CERTIFICA	TE OF DEATH
	Died at Levynula	ofe	Ba	alucion		MAR	RYLAND
	Date of death 1905 July	3 0	Age	Years		6	Days
ED BY	Sex Fruele	Color or Race	Black	L	Birth-	regue	low
ANSWERED REST FRIEN	Occupation		Where R	esiding if not of death	_		
TO BE ANSW	Married, Single Name of Wile or Husband						
	Father's Une, Copers			Father's Birthplace Zud			
	Mother's Elegan	Maiden Name Elizabeth Brans Mother Birthpi			Mother's Birthplace	me	~
					How relate to decease		ne
		CAUS	ES OF DE	тн			
	Primary Whoope	ing Co	4/6	10	Now long	40	who
RONER	Immediate Expluser	- Time	1	0	How long	Zda	0
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	1	22	260	ade
£ 6			Add	ress Re	este	es la	in
9	Accident or Suicide?					-	ned
						LIBRARY BURE.	AU Adduig



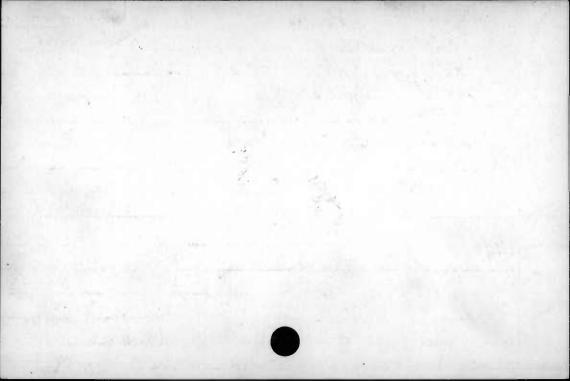
Name								
in Full	Sel y de	Box	ione				CERTIFIC	ATE OF DEATH
	Died Ma Line			Mas	County	one	MARYLAND	
ANSWERED BY	Date of death 190	Month	Day 8	Age	Years -	Mo	onths	Days 3
	Sex Male		Color or Af	Ente	Birth- place ACK.			
	Occupation Where Residing if not at place of death					ot		
Laborator Contract Co	Married, Single or Widowed		Name of Wife or Husband					
NEA NEA	Father's Name	est	(Bod	jan.		Father's Birthplace	Mor.	
0 -	Mother's Maiden Name	was	M. Co	nes		Mother's Birthplace	of CR	
	Name of person giving Information Elmest Morise					How related to deceased Chucky		
			CAUSE	S OF DEAT	-			
	Primary 6	roler	2 Int	nutu	in	Howlong	4 day	10
CIAN	Immediate	9	is hour	stros	35	How long	4 hr	2
PHYSICIAN R CORONE	Are the name, age, sex, c and place correctly give			Signature of Physician	Dan	iel U	Moye	nn
ORO				Addre	ess	rangla	/	Cuir
T	Accident or Suicide?						1	nd
							LIBRARY BURE	AU A88816



Name in Full	Lervis	d le	ust		CERTIFICA	TE OF DEATH
	Died at		Baltimore		MAF	RYLAND
	Date of death 1905 Quill	Day	Age Years		nths	Days
EN BY	Sex Male	Color or An	Thite	Birth- place	Palte	
NSWERED	Occupation pallects	is .	Where Residing if not at place of death	3 Fres	wow	5-24
ANSV	Married, Singla Jungle or Widowed Jungle	Name of Wile or Husband				
BEA	Father's Name D Rust				Bal	temore
6	Mother's Mary	Mother's Birthplace	4			
	Name of person giving Information	10 9	Eust 1	How related to deceased		ia
		CAUSE	S OF DEATH			
	Primary acc.	iden	8	How long		7
CIAN	Immediate Drot	vuin	-6	How long	-	
PHYSICIAN R CORONE	Are the name,age,sex,color.date and place correctly given above?	211 8	Inature of Goovers	red 9	1 Pfe	ffer
9 80			Address 218	First	SHI	2
3	Accident of Suicide?		digh	land	More	n
				L	IBBARY BURE	LU ASS516

Dr. athey . bon 1 dudin

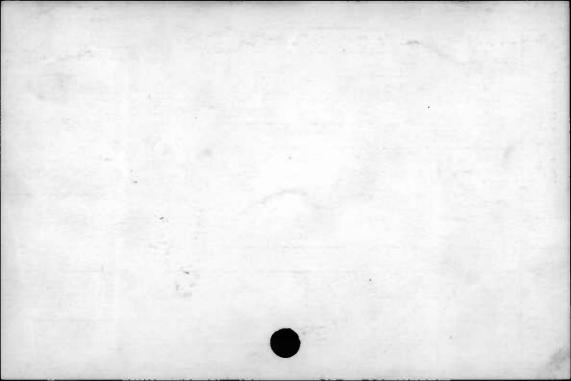
Name	1 . 0	0			
in Full	Anne B.	Days.	5		CERTIFICATE OF DEATH
	Died at MASJORE (Retreat	Buth.	7	MARYLAND
-	Date of death 190 5 Suls	17 1/2	Age 42		own Jukum
ANSWERED B	sex Fremale	Color or 100	riti	Birti-	ula: Pa
	House we	te	Where Residing if not at place of death	hila	
ANSV	Married, Single married	~			
NEA	Father's nukn	Father's Birthplace	nuknown		
0	Mother's Mother Burth				11
	Name of person giving Recd.	mitt	The Retrian	wrelated to deceased	not at all-
		CAUSE	S OF DEATH		
	Primary Marin Py	Shord)	acute 15	Howlong	4 or 5 Wes
IAN	Immediate Cerebral (2	, Jak	How long	2 days-
CORONE	Are the name, age, sex, color, date and place correctly given above?		Signature of Frace Physician	ck &	Flamury.
PH ORO			Add Mit H	per	Retrial
3.	Accident or Suicide?		Ball	more	Coma-
					IBRARY BUREAU ABBSIS



Name in Full CERTIFICATE OF DEATH Died at MARYLAND Days Date of death 1 90,5 Age 3 Birth-Color or Race ANSWERED REST FRIEN place Occupation Where Residing if not at place of death Married, Single Name of Wile or or Widowed Husband TO BE Father's Father's Birthplace Name Mother's Mother Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH How long Primary EB low long PHYSICIAN 01 ORONI Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Address RO Accident c Suicide? LIBRARY BUREAU ASSOIS

bligt fileren St. Undertaker

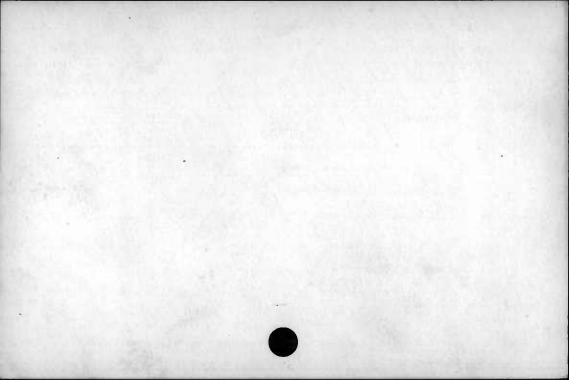
in Full	Robert Schoo	lden			CÈRTIFICA	TE OF DEATH		
	Died at Hullville Bultimo					YLAND		
ED BY	Date of death 190 July	1 Age	Years	Mo	nths 6	Days		
	Sex // Luce	Color or Who	te	Birth- place	ullou	elo		
ANSWERED	Occupation Inferne		Residing if not e of death					
		Name of Wile or Husband						
NEA NEA	Father's Schoolder			Father's Birthplace				
10	Mother's Maiden Name			Mother's Birthplace				
	Name of person giving In formation		How related to deceased					
		CAUSES OF D	EATH					
	Primary Cholora	Untuntu	1	How long	10 do	cho		
SICIAN	Immediate Toxemica	+ withern	En C	How long	1 11			
PHYSICIAN	Are the name, age, sex, color, date and place correctly given above?	Signature Physician	1.20	m	se v	no		
PP		^	33- C	Elum	lia o	10		
7	Accident or Suicide?		Bo	thin	ve M	5.		
					ABBUR YBAREL	U ASSDIS		



Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Months Days Date . 9 of death 190 d Age Birth-place Color or BE ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death REST Name of Willow or Widower Husband Father's Father's Birthplace Name 2 Mother's Mother's Birthmace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Howlong Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature b and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSSIS

Camp Chappiel

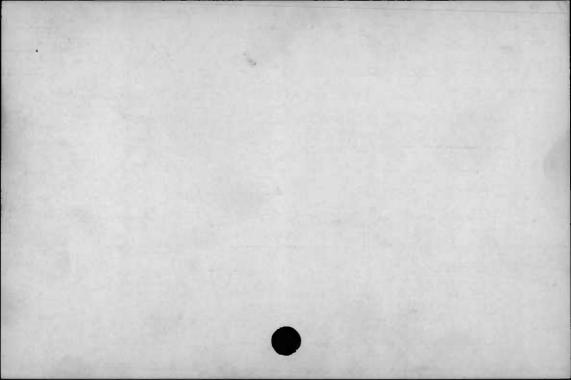
Name in CERTIFICATE OF DEATH Fu!) Died at MARYLAND Days Months Date Age of death 190 5 Birth- place zur. L Color or Race NEAREST FRIEN TO BE ANSWERED Sex Occupation Married Single or Widowed Name of Wife or Husband Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASUSTE



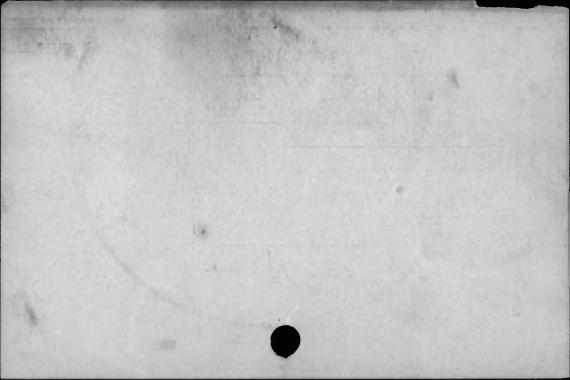
Name in CERTIFICATE OF DEATH Full. County MARYLAND Died at Months Davs Month Date of death 190 5 Age BY 0 Color or Birth-ANSWERED FRIEN place Race Sex Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary ONER How long PHYSICIAN OR Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ Accident or Suicide? LIBRARY SUREAU ASJOIS

Hervig & Son MA Carmel lem, 7/16/03

Name in Full CERTIFICATE OF DEATH County MARYLAND Months Date Age of death ! Birth-Color or FRIEN ANSWERED place Occupation Where Residing if not at place of death Name or Wile or Marmed, Single Husband or Widowood 日日 Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR LIBRARY BUHLAU ASOSTO



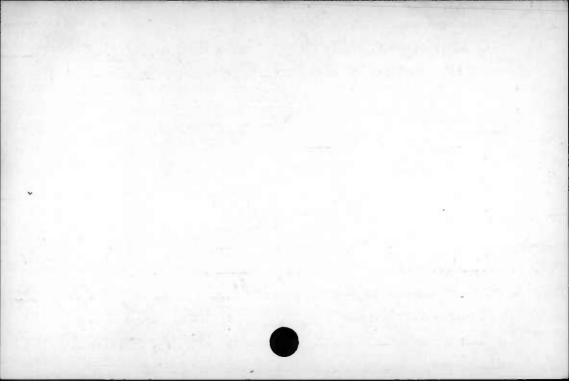
Full CERTIFICATE OF DEATH Died at MARYLAND Month Months Date of death 190 5 Age Color or BE ANSWERED Sex Occupation Where Residing if not at place of death REST Name of Wite of Husband Wigowed NEAR Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addres Accident or Suicide?



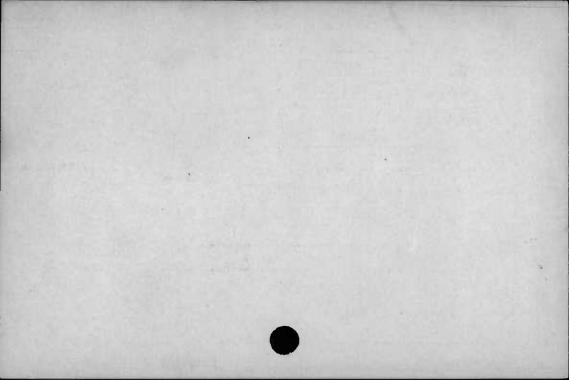
Name	(Pin Conta	0.0	2 1 1 10	7 -	1			
in Full	(lu fusta)	2.0	in dalf	CER	TIFICATE OF DEATH			
END	Died at Hamil	ton	Baller	nore	MARYLAND			
	Date of death 1905 Month	Day	Age Years	Months	Days 14			
	Sex Famale	Color or Race	White	Birth- place Ba	Utimna			
Answered	Occupation		Where Residing If not at place of death					
	Married, Single or Widowed	Name of Wile or Husband	1. 1. 16	7	1			
TO BE NEA	Father's Name Rell	y Di	ndalf	Father's Birthplace	11194			
ř	Mother's Maiden Name Auth	time	/ Jay.	Mother's Birthplace	Mid-			
	Name of person giving In formation	1101	into a	How related to deceased				
	CAUSES OF DEATH							
	Primary	ung	2/	Howlong				
IAN	Immediate / 1/3-6	ya x	solante.	How long				
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	elter	A King			
G RO	10	2	Address	kann	1/1			
9	Accident or Suicide?		7 /					
				LIBRAR	Y SUREAU ASSSIS			

A Marys

Name Rev. Engene Duyth Full CERTIFICATE OF DEATH Died at Met Hope Retreat Color or White Birth-pland ANSWERED Where Residing if not Cleryman at place of death Married, Single Sun Name of Wife or Husband Father's rland Name 0 Mother's other's Maiden Name Birthplace Name of person giving Reeds With It ope Repraho deceased In formation CAUSES OF DEATH Wilancholia = ONER Ex-haustion Julish Fubreuloris abs 3 or 4 mor-HYSICIAN OR Are the name, age, sex, color. date and place correctly given above? Ut Stope Remedy allmon Und-Accident or Suicide?

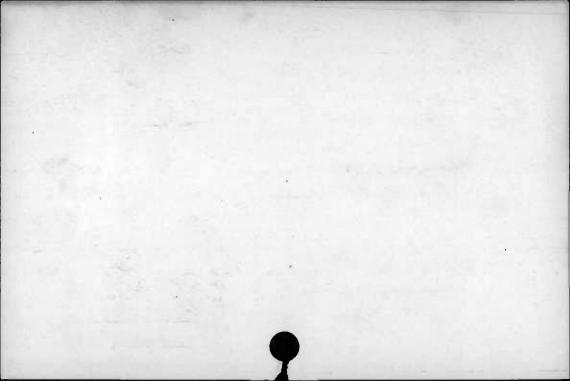


Name in CERTIFICATE OF DEATH Full County Shranio Pana MARYLAND Months Date of death 1 90.5 Age Birth-Color or ANSWERED Race Where Residing if not at place of death NEAREST Name or Wife or Husband or Widowed Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Are the name, age, sex, color. date 6 Signature of Physician and place correctly given above? Address OR Accident or Suicide? DIDECA UARBUE SEARGIS



Name	0		
in Full	m Toboleski		ERTIFICATE OF DEATH
FUI		County	LATIFICATE OF BEATA
>	Died at Bear Creek 3	also	MARYLAND
	Date of death 1905 Inley 16 Age 1	Years Mont	hs Days
ED BY	sex male Color or Whin	Ce Birth-	ma
ANSWERED	Occupation Where Res	death Patapse	o neck
	Married, Single Name of Wile or Husband		
N EAL	Father's John	Father's Birthplace	Germany
0 2	Mother Sussel	Mother's _ Birthplace	4
	Name of person giving Non B. W.	bow related to deceased	none
	CAUSES OF DEAT	K	
	Primary Drowning	How long	
"PHYSICIAN	Immediate	Howlong	
	Are the name, age, sex, color, date and place correctly given above? 795 Empirican	oroner John	In Muelly
	Addre	216 60 100	mell st
)	Accident of Suicide?		
	AND THE STATE OF T	LIB	BARY BUREAU ABBBIG

Sodowski H. Stamilaus Mame Bertha mayo Stansbury Full CERTIFICATE OF DEATH Ballimore Sweet air MARYLAND Date Months Days Age 26 married Harry S. Stansbury Father's Name Howard B, mays Birthplace Mother's Sally Wheeler Birthplace Name of person giving Harry S, Slausbur How related CAUSES OF DEATH Primary Are the name, age, sex, color, date Signature of Thos. H. Emony and place correctly given above? Physician Address monketon, made 10th. Dest. Accident or Suicide?

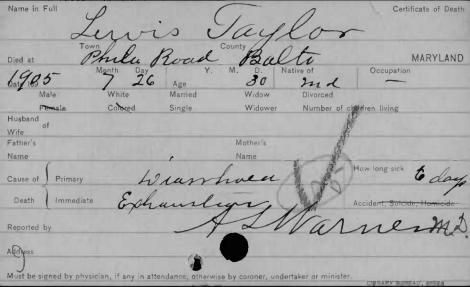


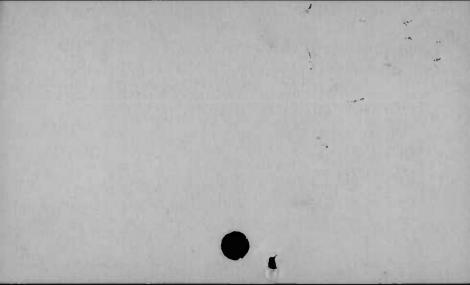
Name in CERTIFICATE OF DEATH Fu!l MARYLAND Days Date Birth-Color or RIENI ANSWERED place Married Smyle or Widowed 티 Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary EB How lone NO ORG Are the name, age, sex, color, date Signature of and place correctly given above? Ü Address wo Accident or Suicide? LIBRARY BUREAU ASSSIS

J. Jordenston Western

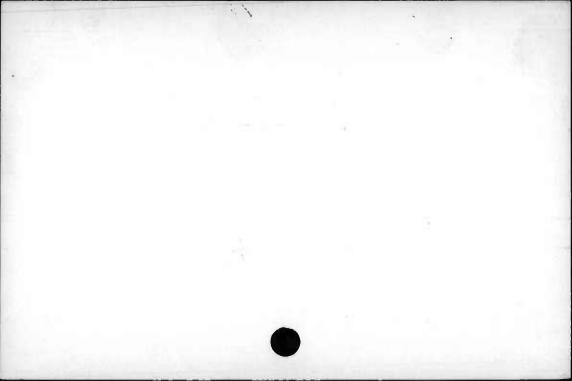
Name in Full	alice ander				CERTIFICATE OF DEATH		
ED BY	Died at Hullswills	County		MARYLAND			
	Date Month of death 1905	Day	Age 3	M	onths	Days	
	Sex Frence	Color or Race	corch	Birth- place	nd		
ANSWERED REST FRIEN	Married, Smgto Occupation Anna mile					V -2	
	Name of Wife or Laving Ly Cor						
TO BE	Father's Name Henry Lannell			Father's Birthplace	Birthplace / 21		
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving fin formation				to deceased Hustand		
		CAUSE	S OF DEATH				
	Primary Evolution	1-1	KA	How long			
PHYSICIAN OR CORONER	Immediate de 2	ulis		How long	4. du	7/	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	1 Hal	2		
			Address	~ mi	on	2	
J	*Accident or Suicide?						
					LIBRARY BUREAL	J A88516	

Inlins Friedans
Mr auburn





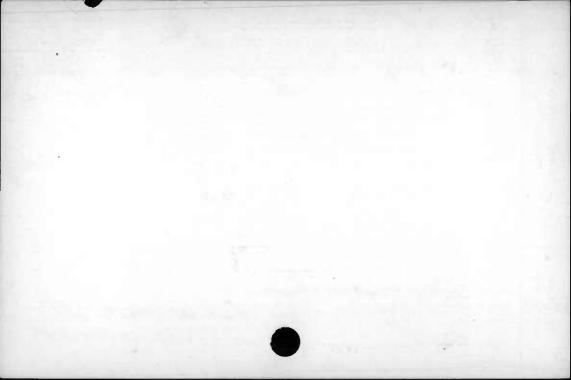
Name	26			
Full (Thomas, Alliam	CERTIFICATE OF DEATH		
ED BY	Died at Catensville Balte	MARYLAND		
	Date of death 1905 Kely 3 Day A Age 3'egs	Months Days		
	Sex Male Color or Cola	Birth- May land		
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death	,		
	Married, Single Name of Wile or X or Widowed Musle Husband			
TO BE	Father's Name	Father's Birthplace		
	Mother's Maiden Name	Mother's Birthplace		
	Name of person giving Imformation	How related to deceased <		
	CAUSES OF DEATH			
	Primary Capliptice Mounty	How long 10 yro.		
PHYSICIAN OR CORONER	Immediate Status Epilepticips	How long 2 hours,		
	Are the name, age, sex, color, date and place correctly given above? Signature of Physician	e Nade		
	Address Cli	testswiller and		
9	Accident or Suicide?			
		LIBRARY BUREAU ASSS 16		



Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date of death 190.5 Color or ANSWERED FRIEN Sex Race Occupation Where Residing if not at place of death Name of Wile or Married, Single Married Husband or Widowed TO BE Father's Father's Name Birtholace Mother's Mother's Birthplace Maiden Name. Name of person gitung How related In formation to deceased CAUSES OF DEATH Primary How long ONER accidentally How long PHYSICIAN OC. Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide?

land 5 1905 3/26

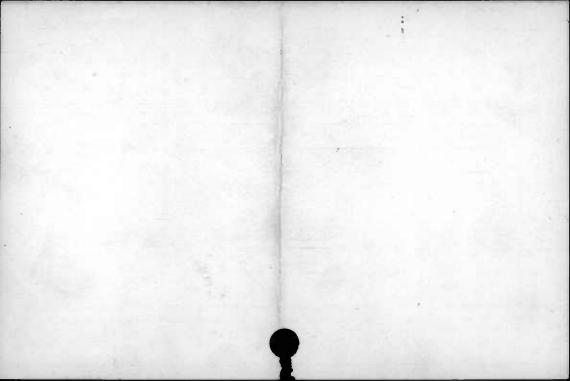
Name in Full	Harry Hoe	lin Tu	el		CERTIFICA	TE OF DEATH
>	Died at lealurulle		Ball		MARYLAND	
	Date of death 190 J Month	Day 5	Age Years	1	Months 5	20
m D	Sex Mule	Color or Race	rhite	Birth-	raleus	nll
ANSWERED REST FRIEN	Occupation		Where Residing at place of death			
ANS	Married, Single or Widowed					
TO BE	Father's Peter	Juel	ž.	Father's Birthplace	Howar	d leoks
	Mother's Maiden Name Susan	B. Es	her &	Mother's Birthplace	e M	n i
	Name of person giving Pel	er Zue	e /	How related to decease	ted Fal	her
		CAUSI	S OF DEATH			
	Primary Acute	Sactio .	Enterite	- How long	5 de	72
PHYSICIAN OF CORONER	Immediate 5	hanst	in	How long		
	Are the name, age, sex, color. date and place correctly given above?		Signature of Physician	6. In	attfel	est
			Address	Colin	mille	Tud
)	Accident or Suicide?					
					LIBRARY MURE	AU A85316



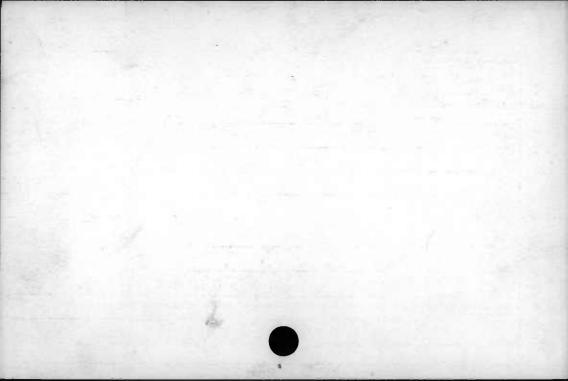
Name in Full	Farie Tyle	CERTIFICATE OF DEATH						
Answered by Rest Friend	Died at Zurau, Balt			D	MARYLAND			
	Date of death 1905 7	Day 2	Age 7 Luga	eth, Mo	onths Days 2 days			
	Sex famale	Color or Race Ve	920	Birth- place 2	Birth-place Zousou,			
WERED	Occupation Where Residing if not at place of death							
	Married, Single or Widowed							
TO BE	Father's aus Dyler				Father's Balto Co,			
	Mother's Marden Name Addie Johnson				Mother's Birthplace Balto Co			
	Name of person giving In formation				How related to deceased			
		CAUS	ES OF DEATH					
	Primary Marasulus	2.	108		roults			
PHYSICIAN OR CORONER	Immediate Cholone &	Dufaul	um I	How long One	reele			
	Are the name, age, sex, color. date and place correctly given above? Are the name, age, sex, color. date Signature of Physician			dA Ja	Harrett			
	Address Zvivs			resou	e, red			
7	Accident or Suicide?							
				The second second	LIBBARY BUREAU ASSSIS			

Certificate wind to Parents. Im Burine in Sandy bottom Amoun

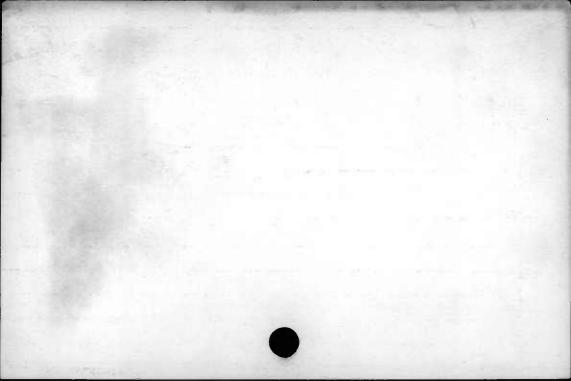
Name in Full	Hannah &.	Typor	~		CERTIFICA	ATE OF DEATH			
>	Died et Gelen ann Ballin			e Marylai					
	Date of death 1906 July	Day 18	Age 3-9			. Days			
ED B	Sex Fernale	Color or Race	while	Birth- Ba	Balto. Co. mel				
ANSWERI	Monsewif	Occupation Housewife Where Residing if not at place of death							
	Married, Single Married Name of Wood George Typor or Widowed								
TO BE					Father's Riol.				
					Mother's Sar.				
	Name of person giving games Tyson			How related to deceased					
CAUSES OF DEATH									
	Primary Cancer of	Manes	· (M)	How long	ne ze	er			
PHYSICIAN OR CORONER	Immediate melasto	tie in	volvement-	How long	mon	lh5			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	~ Sheen					
			Address	Si	Hen	92			
7	Accident o r Cuicide?				M	D.			
			and the same of th		LIBRARY PURS	AU ABBSIG			



Name in CERTIFICATE OF DEATH Full County MARYLAND Months Date of death 1 90.5 Color or ANSWERED REST FRIEN place Race Occupator Where Residing if not at place of death Name of Wife out Married, Single Husband or Widowed 13 Father's Father's Birthplace 10 Mother's Mother's Birthplace Maiden Name 7 How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary ORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address BO Accident or Suicide?



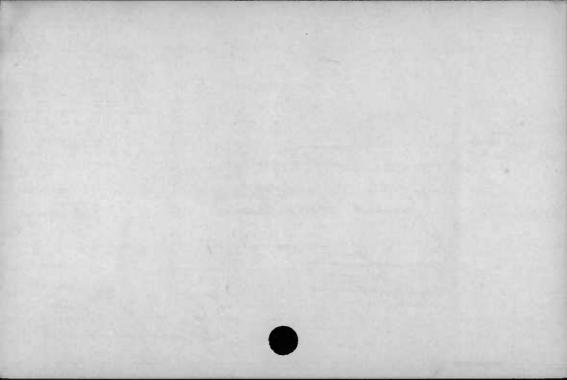
Name in Full CERTIFICATE OF DEATH MARYLAND Months Date of death 1 90 5 Color or Birth-ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Married, Single-Name of Wile or Husband or Widowed TO BE Father's Father's Birtholace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving Mary to deceased In formation CAUSES OF DEATH Primary How long RONER How long PHYSICIAN Immediate Are the name, age, sex, color, date COI and place correctly given above? Address OC. Accident or Suicilla



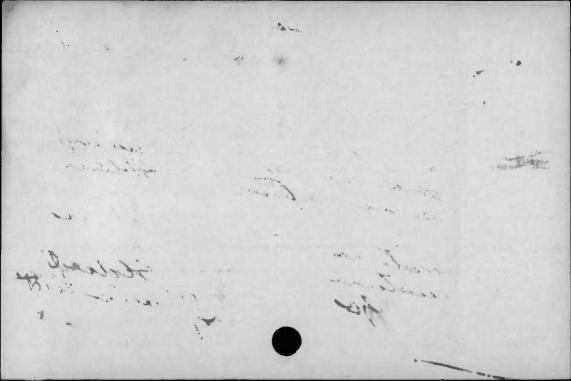
Name in Full Certificate of Death Day Occupation Date 1905 - Married Widow Divorced Female Colored Widower Number of children living Single Husband of Wife Father's Name Cause of impliced suddenly, no Death alloudius Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To Be Beried By GEnser & River at Basels Chaple cockys well

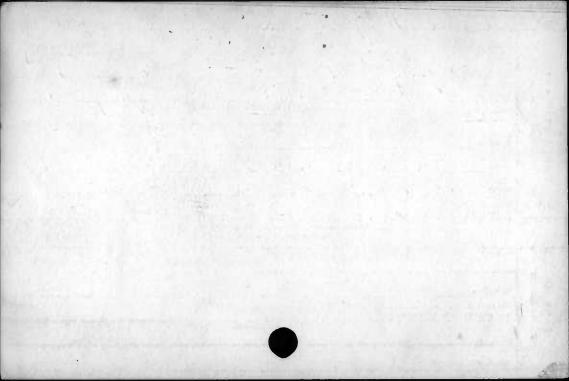
Name in CERTIFICATE OF DEATH Full Town MARYLAND Died at Months Days Date Age of death 190 Birth-place Color or FRIEN ANSWERED Race Occupation Where Residing if not at place of death NEAREST Name of Wife or Marked, Single Husband Father's Father's Name Mother's Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY MUREAU A84516



Name in CERTIFICATE OF DEATH Foll MARYLAND Months Days Date Age of death (90.5 0 Birth-Color or Race FRIENG ANSWERED place Occupation Where Residing if not at place of death NEAREST Manied, Single Name or Wile or Husband or Widowy M Father's Father's Name Mother's Birthplace How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary ER How long PHYSICIAN CORON Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address OR LIBHARY BUREAU ABBBIG



Name in Full	Walter M	Billin	ion		CERTIFIC	ATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Calous rille		Ballo		MARYLAND	
	Date of death 190 5 Month	Day 19	Age	6 M	Months Day	
	Sex Mate	Color or A	Chile	Birth- place	nary l	and
	Married, Single		Occupation	· 1		
	Name of Wife on Husband					
	Father's William Geltman			Father's Birthplace	Mary	land
	Mother's Marden Name	Mother's Menyland				
	Name of person giving In formation	How related to deceased				
	2	CAUS	ES OF DEATH			
	Primary Cholera	Infar	elum 1	How long	4 de	0
PHYSICIAN OR CORONER	Immediate Cour	ulser		How long	2 hon	n-
	Are the name,age,sex,color,date end place correctly given above?		Signature of Physician	[W	ralle	elat
			Address		. 0	
4	Accident or Sulcide?					Hall Hall
					LIDBARY BUR	CAU ABBBIG



Name in Full	Marbara Ga		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at Canton		Baltimore		MARYLAND				
	Date of death 1905 Buly	2 md	Age 34	Moi	nths Days				
	Sex Temall	Color or Race	White	Birth-	ermany				
	Occupation Housen	rife	Where Residing if not at place of death						
	Married, Single Married Nage of Hospand Seter growstage								
	Father's David	Loge	2	Father's Birthplace	Germany				
	Mother's Maiden Name Comprestinte Peusch Britishace Germany								
5	Name of person giving Peter garvosta How related Housblind								
CAUSES OF DEATH									
OHYSICIAN OR CORONER	Primary Impacted	etal fely	ad alon brin	How long	16 George .				
	Immediate Venbrila	as and	Shel	How long	3/12 Years				
	Are the name, age, sex, color, date and place correctly given above?	seg.	ignature of hysician	wella	uapan (M. C).				
	- /	1	Addyess 6/	8 01.0	Winter 81.				
	Accident or Suicide?								
				L	IBRARY BUREAU ASSSIS				

Sacred Heart Emelery July 5 1/905 Germanus Thance Undertaker